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EDITORIAL COMMENT

THE DIVISION OF RESPONSIBILITY

We wish it might be possible for all the members of the nursing service committees throughout the length and breadth of this country to spend some days at the Red Cross Department in Washington. In this way only could those who have been working quietly in their own home centers realize the wonderful piece of machinery which has been evolved in anticipation of just such a situation as now exists—war.

This Department has not come into existence since war was declared, but goes back to the meeting of the American Nurses' Association in Minneapolis in 1909, since which time it has been slowly brought to its present state of efficiency; and all this without the stimulation of war.

Not only for the nurses of today, but as a matter of history in the long years to come, we give herewith the names of the present National Committee on Red Cross Nursing Service, showing the division of responsibility:

JANE A. DELANO, *Chairman*, CLARA D. NOYES, *Secretary*

EX OFFICIO MEMBERS

Surgeon General, U. S. A.	Director General of Civilian Relief,
Surgeon General, U. S. N.	American Red Cross.
Surgeon General, U. S. P. H. S.	Director, Bureau of Medical Service,
President, American Nurses' Association.	American Red Cross.
President, National League of Nursing Education.	Director, Bureau of Naval Service,
President, National Organization for Public Health Nursing.	American Red Cross.
Director General of Military Relief, American Red Cross.	Director, Bureau of Field Nursing Service, American Red Cross.
	Director, Bureau of Town and Country Nursing Service, American Red Cross.
	Chairman, Committee on Dietitians.

REPRESENTING THE AMERICAN RED CROSS

Mabel T. Boardman, Washington, D. C. Mrs. Wm. K. Draper, New York City.
Mrs. William Church Osborne, New York City.

REPRESENTING THE NATIONAL ORGANIZATION OF NURSES

Anna C. Maxwell, New York City.	Amy M. Hilliard, New York City.
Mary E. Gladwin, Akron, Ohio.	Susan C. Francis, Philadelphia, Pa.
Mrs. Frederick M. Tice, Chicago, Ill.	Louise M. Powell, Minneapolis, Minn.
Lillian D. Wald, New York City.	Jane E. Nash, Baltimore, Md.
M. Adelaide Nutting, New York City.	Julia C. Stimson, St. Louis, Mo.
Emma M. Nichols, Boston, Mass.	Carrie M. Hall, Boston, Mass.
Dora E. Thompson, Washington, D. C.	Lucia L. Jacquith, Worcester, Mass.
Mrs. Lenah H. Higbee, Washington, D. C.	Anna C. Jamme, Sacramento, Cal.
Ella Phillips Crandall, New York City.	Menia S. Tye, Ft. Smith, Ark.
Anna L. Reutinger, New York City.	Emma L. Wall, New Orleans, La.
Anne H. Strong, Boston, Mass.	Mathild H. Krueger, Menomonie, Wis.
Georgia M. Nevins, Washington, D. C.	Agnes G. Deans, Washington, D. C.
Elizabeth G. Fox, Washington, D. C.	Mary C. Wheeler, Chicago, Ill.
Harriet L. Leete, Cleveland, Ohio.	Mrs. Ethel S. Parsons, San Antonio, Texas.
Alma E. Wrigley, Los Angeles, Cal.	

Bureau of Field Nursing Service, Clara D. Noyes, *Director*.

Bureau of Town and Country Nursing Service, Fannie F. Clement, *Director*.

Bureau of Instruction, Helen Scott Hay, *Director*.

There have been many changes in this committee since it was organized. As a member of the pioneer committee, we recall Isabel Hampton Robb and Isabel McIsaac among those who helped lay the foundation, each of whom was serving at the time of her death.

The present committee has a marked advantage over previous committees, in that fifteen of its members are now in Washington, assisting in different departments of the military establishment. Taking advantage of this, the committee has met each week to discuss the varied problems which confront it.

The work of the Department has always been in the hands of well-known nurses, all of whom would be recognized by those who regularly attend the meetings of the American Nurses' Association. One meets when going into the office, Jane A. Delano, who has been at the head of this Department since its beginning, giving her services without remuneration as a patriotic contribution to the work; Clara D. Noyes, whose present connection with the Red Cross dates back to about the time war was declared, and who carries a very heavy burden of responsibility in selecting and placing nurses in the different branches of military service; and as heads of bureaus or assistants assigned to permanent duty at Red Cross headquarters, such representative nurses as Helen Scott Hay, Anna W. Kerr, Vashti Bartlett, Agnes G. Deans, Elsbeth Vaughn, Harriette Douglas, Elva George, Lucy Minnigerode, Anna Ward, Sarah Addison, Mary Carter, and Anna Reeves, representing the Army Nurse Corps, and Katrina Hertzner, for the Navy Nurse Corps.

Never before has there been a time when our Government has so generally called upon business and scientific experts for counsel in their specialty. The Red Cross Nursing Department is following this same policy. At the time of our visit there was a consultation of a few of the Division representatives: Elizabeth Ross, Division Director for New England; Jane Van de Vrede, from the Southern Division; Susan C. Francis, of the Pennsylvania Division; and Georgia M. Nevins, representing the Potomac Division. Besides, we saw the superintendents of the Army and Navy Nurse Corps, Dora E. Thompson and Mrs. Lenah S. Higbee, in conference with the Red Cross Bureau.

These are the women who are doing conspicuous service for the Red Cross, but there are hundreds of workers at home who are rendering a service equally important to the Red Cross and to the Army and the Navy, during this crucial period. To illustrate. Every Red Cross nurse has to make application to the local Red Cross Committee on Nursing Service, and this committee must wait for the endorsement of the superintendent of her training school and the secretary of her alumnae association, before acting upon her application. The committee is usually composed of women representing the most important nursing activities in the district, and the members spend many hours, frequently taken from their recreation periods, in passing upon the applications, keeping in mind the high standards of the Red Cross and at the same time trying to do justice to all. The reports and questionnaires that have to be filled out by the secretaries of these committees and the registrars of directories would be looked upon as a stupendous burden, were these added responsibilities not accepted with a patriotic spirit quickened by the war. And this is all done without the stimulation which comes from constant association with those who are doing big things.

The one important thing for us all to remember is that holding to the standards we now have, we must subordinate every other public interest to the work of caring for our sick and wounded soldiers. We must stand shoulder to shoulder and, putting aside personal differences, we must throw the force of a united nursing body into this work of winning the war.

While the methods of enrolling a Red Cross nurse are so simple that only a short time need elapse between making application and actually being enrolled for service, yet the methods employed make it exceedingly difficult for a woman of undesirable status to pass the barriers which meet her at every turn.

We hope everyone understands that the principal function of the

Red Cross Nursing Department is to recruit nurses for military service, and that the great majority of those enrolled pass automatically into one branch or another, according to their desires. Public health nurses and certain groups detailed for special work among the civilian population do not become a part of the military establishment.

One of the difficulties which an applicant may encounter, however, is a lack of promptness on the part of the busy superintendent of the school upon whose endorsement her acceptance depends. This group of women is being called upon to do a heavy bit in the cause of democracy, in endorsing the applications of so many applicants for different kinds of service, and when a nurse has graduated long ago and been forgotten by everyone now connected with the hospital, to look up her records and make the necessary inquiries as to her standing, seems sometimes the last straw in the day's work.

On the other hand, a great injustice can be done an applicant who has been a most creditable representative of the school, perhaps in another section of the country, when her application is rejected because she is personally unknown.

Enrollment in the Red Cross is not compulsory to become a part of the military establishment. One may make application directly to the Army or the Navy Nurse Corps, and the requirements for admission are not as rigid as those of the Red Cross. To be accepted by the Army or the Navy, one does not have to be a registered nurse, or to have graduated from so large a school. But as we stated in our last number, enrollment through the Red Cross with the privilege of wearing the Red Cross pin is an evidence of "a high degree of nursing efficiency."

Nurses who are at a distance from a city in which there is a nursing service committee, and who do not know who the Division Director is or how to reach her, can always get information by writing direct to the American Red Cross, Washington, D. C.

RANK FOR NURSES

Bills have been introduced into both houses of Congress, in the Senate by Mr. Chamberlain, and in the House of Representatives by Mr. Dent, for the purpose of increasing the compensation of nurses and making other changes for the improvement of the Service. An amendment to this bill is being advanced by the Committee on Nursing of the Council of National Defense, through Dr. Franklin Martin, which will grant rank to all nurses in military service, the lowest rank that of second lieutenant, the highest that of captain. Should this bill become a law, some of the unsatisfactory conditions with which nurses are confronted will thereby be removed.

THE RED CROSS ENROLLMENT DRIVE

Some of our nurses have been disturbed over the drive that is being conducted by Vassar College to influence college women to enter schools of nursing, not understanding the somewhat sudden interest of lay people in nursing affairs. We trust our March editorial on the subject makes this plain.

For fear of a similar misunderstanding, we think best to mention here the Red Cross Drive, soon to be inaugurated to stimulate the enrollment of nurses for the different kinds of service. An undertaking as big as this necessarily requires a good deal of machinery, and the Red Cross Chapters, of which there are now 3630, are being asked to cooperate in promoting this Drive, which is to be conducted principally through the daily press.

As Miss Delano has already announced in the Red Cross Department, the material is to be prepared at the Headquarters in Washington, and is to be censored by Miss DeWitt of the JOURNAL office, Miss Clayton and Miss Crandall. There are thousands of nurses who are located at isolated points who are not reached by this magazine, all of whom do not appreciate the seriousness of the present situation. Not only nurses are to be appealed to, but those employing "luxury" nurses will be asked to release them. Physicians also will be urged to cooperate, that it may be made as easy as possible for nurses who have long been established in such positions to break away.

This Drive is being made because the Surgeon General has asked that the number of nurses available for active service shall be increased to 40,000 this year. This means that practically 30,000 more nurses must be gotten into line before the first of January, 1919. Miss Delano wishes to enroll 5,000 before the first of June. And it is probable that they will be put into active service as quickly as they become enrolled.

Every nurse should think this matter over seriously, realizing that her part in the winning of this war may be to help to nurse our soldiers. If she can qualify for this work and does accept this responsibility, she is giving her country a service which is just as essential to the winning of the war as that of the soldier in the trenches.

THE CLEVELAND CONVENTION

For those of our readers who overlooked the announcement of the coming convention of the three national societies, in the March JOURNAL under National, we repeat that these meetings are to be held at The Hollenden, in Cleveland, Ohio, May 7-10.

Important business will come before the associations in connection with the reorganization, and there will be many vitally interest-

ing subjects presented and discussed at that time, as a direct outcome of the war. All unnecessary expense of badges, entertainment, etc., will be dispensed with, and there will be no advance programmes other than the announcement found in this issue.

Cleveland is so situated geographically that a large attendance is expected. It is therefore advisable to make hotel reservations well in advance.

PROGRESS OF STATE REGISTRATION

The Nurse Practice Acts in Rhode Island and in New Jersey are being threatened in a manner that would practically destroy their usefulness, by amendments which are now pending in the Legislature. All nurses in these states should rally to the support of their legislative committees.

THE INTERSTATE SECRETARY

Miss Eldredge, the Interstate Secretary, has since our last report been in Virginia, Georgia, Florida, Louisiana and Texas. In all these states she has stopped at the most important nursing centers, and in some she has visited many of the smaller places as well. Finishing her tour of Texas at El Paso, on the far western border, she expected to go on into California and up the Pacific Coast, returning to Colorado before going to Minnesota. But owing to a change of plans on the part of the nursing organizations of California, because of the expense involved, the whole itinerary had to be revised at a considerable loss of time and with unexpected expense. As our pages close, her next definite dates are in Minnesota and Illinois, but she is still unable to announce by which route she will proceed, owing to some uncertainty as to Colorado and the intervening states.

As a result of her visits several new leagues have been formed, several states have been helped with their reorganization problems, nurses have been appealed to for Red Cross enrollment, and the JOURNAL is getting new subscriptions.

We hope another year that no state will permit the secretary to pass through its territory without stopping, and that invitations will be received sufficiently early and so definitely that the entire trip can be planned before she starts out. We trust that arrangements can be made through the state associations for her to go by way of the northern border, in the early fall, and down the Pacific Coast states, returning through Nevada, Utah, Colorado, Nebraska, Kansas, and so on, until all the states have shared in the benefits of her visits. Under such a plan the entire expense of her trip could be pooled among the states visited.

THE PROBLEM OF OUR INFANT POPULATION WITH
SPECIAL REFERENCE TO THE OPPORTUNITY
OF THE WELFARE NURSE¹

BY H. L. F. LOCKE, M.D.

Hartford Isolation Hospital, Hartford, Conn.

At this time of national stress, the subject of infant welfare, always one of great importance, becomes a paramount issue because of the threatened loss of American young men in the World War. All measures of food and fuel conservation must be at least paralleled by efforts tending toward the increased conservation of infant life. We must not only strive to save the lives of more infants but we must also labor to improve the health of infants that they may grow up to be strong and healthy men and women.

A glance at our recent vital statistics will convince one that an alarming condition exists in this country to-day; namely, that our "good old American stock," as we have chosen to call it, is being rapidly supplanted by foreign stock, because of the comparative lack of productiveness. This falling off in productivity is illustrated by the statement that every four fathers of American stock to-day are represented by only three sons in the next generation, and likewise every four mothers are represented by only three daughters. Among the foreign-born mothers and fathers, the number of sons and daughters is considerably in excess of the number of parents.

To be sure, the latter figures are considerably augmented by over-production among the very poor and uneducated population, yet the propaganda of birth-control instead of properly reaching this class representing what has been called the "submerged tenth," would become an instrument for harm and misuse by falling into the hands of the other more comprehending nine-tenths. The inevitable result would be the stimulation of immorality and a further decrease in the size of desirable families. We hear the cry of "fewer and better babies," yet it is a fundamental law of nature that productiveness is bred from generation to generation. How often do we find an only child the mother of a large family? If one child was enough for mother, usually one or less will be enough for daughter. The result in succeeding generations is bound to be a disinclination to have children and finally an actual inability.

In order to make up the deficiency in total offspring caused by those who do not marry and by those who can not or will not bear

¹Read before a meeting of the Tolland County Medical Society, October 16, 1917, in a slightly modified form.

children, the production of at least three, preferably four, children by parents who are physically fit, is a fundamental obligation to the preservation of the race and should be encouraged most earnestly by the family physician and nurse. We cannot deny the seriousness of the problem of weakling production among the physically and financially unfit, yet the solution appears to lie more through the gradual education of these classes by means of compulsory public school attendance of their children and by properly directed welfare work, than through propaganda recognized as dangerous to the great majority.

The term "welfare work" should not in any sense convey the idea of charity, although properly directed charity is valuable welfare work. Welfare work in the broad sense means the teaching of people to become self-reliant and to do things better and more intelligently. We should not consider this type of instruction as charity any more than we should so consider the instruction of a man's children in the public schools. Likewise, welfare instruction rightfully belongs not to the private organization but permanently in the curriculum of community organization. City, county, state, and national welfare bureaus, on a coöperative basis, will eventually be integral parts of our governmental plan, and will exert a vital influence on coming generations.

What we need is not "fewer and better babies" but "more and better babies." A primary duty of physicians is to encourage the production of moderate-sized families among the physically fit. The statement that "a child must be born before it can be saved" is not strictly true. In the average town from four to six per cent of the total births are stillbirths. By proper prenatal instruction and observation of prospective mothers the number of stillbirths could easily be reduced fifty per cent. This prenatal instruction should lead up to instruction regarding the proper conduct of the puerperium, proper clothing of infants, and proper care of the newborn. The extreme importance of breast-feeding should of course be emphasized early in the course of prenatal instruction in order that proper diet and care of the breasts may be instituted in ample time. I would welcome the time when the confidential registration of pregnancy at not later than the fifth month, with the district welfare bureau, should become compulsory. What a wonderful means of combating infant mortality such a requirement would furnish! Yet, is it not true that the physician is commonly consulted during the fifth month or earlier? Undoubtedly, the advice and instruction given by him then is of great assistance and results in keeping the figures down to present levels, but how much more could be accomplished through classes for pros-

pective mothers and home visits conducted by a properly trained welfare nurse! The physician should be the means of putting prospective mothers in the way of obtaining a complete course in the fundamentals of producing and rearing strong and virile offspring. Such a course need in no way compete with the physician but, on the contrary, should prove highly coöperative, and should relieve him of countless details. More uniform instruction and fuller comprehension on the part of the mother would certainly follow.

Most physicians today have gotten over the notion that the visiting nurse is a rival to their practice, and they now welcome her as an invaluable aid. Her professional ministrations are most important, yet if we fail to make proper use of her educational possibilities we are neglecting a most valuable agency. Often physicians do not have sufficient time to properly explain directions for medicines, etc., particularly to foreign mothers, and errors of omission and commission result. Physicians would save time and patience, oftentimes, by giving instructions by telephone to the visiting nurse who would then call on the mother, explain directions, and make sure everything was properly understood. The need of properly trained nurses who can speak foreign languages, particularly Polish, Italian, and Jewish, is imperative. This might best be met by encouraging young women of these races who have sufficient preliminary education, to enter our training schools. The printing of welfare literature in various languages is an excellent idea but falls short of properly reaching the great mass of our foreign-born population owing to the large proportion unable to read.

In the early spring of 1916 a baby-saving week was held in Hartford, during which time intensive effort was made through a central exhibit, lectures, and distribution of literature in various languages, to teach parents to take better care of their babies. The result was a drop to the new low mark of 100 deaths of infants under one year, for one thousand living births. The best previous record was 104 in 1914, while in 1915 the rate was 157. This year another baby week was held and, judging by the first nine months, the figures will be still further reduced, approximately to 95.

One of the most important factors in this result has been the system of welfare stations. Twice a week mothers may take their babies to clinics where a physician oversees their general condition and gives them feeding formulas. The clinic nurse goes into the home, teaches the mother how to make up the formula, and makes suggestions leading to improvement in the baby's care and environment. Once a week, afternoon classes for mothers are held; these deal with proper bathing, dressing and general care of babies, and

are conducted by the nurse who knows the home conditions from actual observation. Certified milk is dispensed from these stations at slightly less than cost and in the original sealed containers. At first the milk was given out already modified, but this plan was later abandoned when it became evident that the mothers were becoming more and more dependent on the milk stations and were not learning what they should about their babies.

One or more welfare or health centres should be established in each county. They should be started on a modest scale and developed as rapidly as circumstances permit. Possibly they might result from a broadening of the scope of already existing visiting nurse associations or county health organizations. Classes for mothers could be held on a monthly schedule at the various schools throughout the county, instruction be given by the welfare nurse, and literature be placed in proper hands. A traveling welfare exhibit could be gotten up quite inexpensively and moved from town to town, as the schedule provided. The observation of baby-saving week, and other special features could be worked in from time to time, as desired. Through such an organization a tremendously valuable means of educating people would be available, not only regarding matters of health but concerning the evils of patent medicines, certain proprietary foods, and similar problems.

The future of the welfare nurse outside large cities is fully as bright as that of her urban sister, and the rural district should prove even more attractive to the nurse contemplating welfare work because of the greater opportunities in a comparatively new field.

THE THIRD LIBERTY LOAN

The campaign for the Third Liberty Loan will be opened on the 6th of April, the anniversary of the declaration of a state of war between the United States and Germany.

The amount, terms, and conditions of the loan are dependent upon further legislation and will be announced as soon as Congress has granted the necessary powers.

Secretary McAdoo chose the 6th of April as the day to open the campaign as the most fitting date to call for a patriotic response to the summons to duty to every American, to ask from the people at home the same fervent patriotism that actuates our gallant sons on the battlefields of France and on the waters of the Atlantic.

"We have reached the time in our national life when no loyal citizen in the country can afford to spend a dollar for wasteful luxuries. Such an expenditure resolves itself into a disloyal act."—Cardinal Gibbons.

RUBBER GLOVES AS A FACTOR IN MODERN SURGERY

BY ELIZABETH SELDEN, R.N., B.S.

Butterworth Hospital, Grand Rapids, Michigan

The employment of rubber gloves as a necessary factor in operative surgical technique is of a very recent date,—so modern an improvement, in fact, that there are a number of surgeons who still operate with bare hands.

Dr. William Stewart Halstead, Professor of Surgery in the Johns Hopkins University, was one of the foremost of American surgeons to do experimental work. It was there, in aid of a strictly aseptic surgical technique that, in the year 1890, he introduced and used rubber gloves with satisfactory results. In 1898, Dr. Charles McBurney, surgeon to Roosevelt Hospital, New York, also reported less infection of wounds where rubber gloves had been employed during an operation, being confident that the agents of wound infection were to be sought among the palpable objects coming in contact with the wound, especially the hands. Dr. Hunter Robb, Professor of Gynecology of the Western Reserve University, Cleveland, and Gynecologist-in-Chief to Lakeside Hospital, believed that the source of wound infection was due largely to the hands of the operator and his assistants, because he found that where gloves were used, there was little or no infection of wounds. Prior to 1890, it appears that silk and cotton gloves were extensively used by German surgeons.

In general, rubber gloves are made in two ways. There is the so-called built up glove, made by hand, vulcanized and steam cured. This type, being cloth-lined, is clumsy and lacks flexibility. The other type is made by the dipping process, the form used being dipped automatically into a rubber compound. These gloves are unlined, less clumsy, and more flexible. The ordinary surgical rubber gloves are usually made from cut sheet rubber, the joints being secured by a narrow strip of rubber solutioned on, vulcanization being effected in the sulphur bath. In still another process, the glove is made in the seamless state from rubber solution, being built up of two or three layers, some of pure and some of compound rubber. There are many different styles of rubber gloves on the market to-day: the very thin, having the advantage of not interfering with the sense of touch; the pebble gloves with the rough surface, for which is claimed non-slipperiness; and the knuckle glove which allows the free bending of the finger joints,—while a combination of all three make the most desirable and durable.

The length of life of the rubber glove depends upon:

First—The process used in manufacturing, the quality of the materials used as well as the perfection of the finished product;

Second—The frequency with which they are sterilized and the methods used. The dry method, with steam under pressure, tends to destroy them and render the rubber soft, while boiling them in water does little injury;

Third—The use to which the gloves are put or, in other words, the type of work to be done by the user. For example, grease and oils cause the rubber to soften;

Fourth—The care with which they are cleaned and prepared for use;

Fifth—The general wear and tear of hard use by the surgeon;

Sixth—The season of year when they are purchased and the method of storing during the summer months.

There are two general methods in use for sterilizing gloves, namely, the wet which consists in boiling the gloves in water or in saline solution; and the dry, accomplished by means of live steam under pressure. If gloves are to be worn wet, immediately before they are needed they are sterilized by boiling for fifteen minutes in water or in saline solution and are then put into some such solution as lysol or bichloride of mercury. Before being placed in the sterilizer, they are wrapped in gauze, the edges of which are secured by weights to the bottom of the sterilizer to prevent gloves from ballooning and floating on the top of the solution. To put on these wet gloves, they are first distended with the solution and the hand is then slipped into the glove, the fluid being forced out at the same time.

In the dry method, the gloves are dried and powdered with talcum, wrapped in a towel or put in a folder, and placed in a pressure sterilizer where they are allowed to remain from ten to fifteen minutes, depending upon the kind of instrument. Before putting on the dry gloves, the hands are first thoroughly dried and powdered. The advantage of the dry method is that the hand is not so likely to perspire and fewer bacteria are extruded in the event of the glove being punctured.

A third method of sterilizing gloves is by a combination of the wet and the dry methods, the gloves being dried by hand.

The method above mentioned is the one extensively used in the Butterworth Hospital with satisfactory results. These gloves are prepared for the surgeon as follows: The blood is washed from both sides of the glove in cold water, then in warm soap and water, rinsed in clear hot water and dried. They are paired off, mended, the patches being put on the wrong side and worn so, then they are tied together,

placed in a wire basket, put in boiling water and allowed to remain twenty minutes.

While the gloves are being sterilized, the nurse dons her cap and scrubs her hands, using running water. She begins with her finger tips and nails, which are next cleaned with an orange-wood stick, then takes the palms of the hands, then half of a finger at a time, anterior and posterior, now again the finger tips and the backs of the hands are scrubbed, then the wrists, the forearms, and lastly the entire hand. This procedure is continued for ten minutes when the finger nails are treated with peroxide and again the scrubbing is resumed for ten minutes, at the completion of which the hands and arms are thoroughly rinsed in clean water and are immersed in a 50 per cent iodine solution, followed by alcohol, 70 per cent. The nurse is now ready for her gown which she removes from its case and puts on, tying her own sleeves. The sleeve is fitted to the wrist by making an inverted plait and folding it in under the wrist. The tapes which are at the end of the plait are brought around the wrist in a circle and tucked in under the same. The tapes at the back of the gown are fastened by a second nurse.

The nurse now arranges the sterile table which should hold twelve sterile towels, glove folder and covers, two sterile basins, and several cans of sterile powder. When this is finished, she puts on her own dry sterile gloves which have been previously prepared. The second nurse now lifts the cage of gloves from the sterilizer and carries it to the scrub nurse who removes the gloves from the basket, placing them in one of the large sterile basins.

The sterile table is covered with a clinic sheet which is folded half way in order to leave space for the drying. A sterile towel is now placed over one end of the table; the gloves are lifted out, a pair at a time, upon a second towel, and are patted dry, then put into the second sterile basin where they are powdered on both sides, wrong side first. Next, the cuff of each glove is turned back three inches and the gloves are placed in the case, one in each pocket. The folders containing the gloves are wrapped in a cover marked with the doctor's name and are placed in a rubber, dust proof and water proof bag, where they are kept until needed.

Cotton gloves are frequently worn over rubber ones in order to protect them from injury as in case of open bone operations. They are also used by some surgeons to make the first incision and are then removed, thus preventing skin contamination of the deeper tissues. They are sterilized for use by the dry method.

The following experiments will, I feel sure, be of interest to surgeons, as well as to surgical nurses, because the reasons put for-

ward for the use of the dry sterile rubber gloves has been that dry gloves are less hard on the hands and do not interfere with the sense of touch, while the wearing of wet gloves does both. The author of the article quoted shows us by actual experiment that this is not true.¹

The author's experiments were conducted from the standpoint of the interference of the rubber gloves with the tactile function. His conclusions were based on observations of some 144 blind patients, who read entirely by finger touch and were dependent on this method for the purpose. Each observation consisted in reading with the fingers thirteen lines of Braille text printed on both paper and brass plates, with the following results:

1. Reading with bare fingers, average time 48 seconds.
2. Reading with average weight, well fitting, dry gloves, 70 seconds.
3. Reading with oil inside gloves, 68 seconds.
4. Reading with gloves placed on wet hands, 65 seconds.
5. Average time for reading with gloves under average conditions, 70 seconds.

Gloves placed on the hands wet impaired the sense of touch less than gloves put on dry.²

In closing I would say that the surgical records show that with the introduction and use of rubber gloves there has been a marked decrease in mortality as well as in infection, following surgical operations. The use of sterile rubber gloves not only safeguards the life of the patient, but serves as a protection to the surgeon against contamination from diseased tissues.

¹Experiments with Rubber Gloves, Carl E. Black, M.D., *Journal Kansas Medical Society*, 1916. ²*The Modern Hospital*, 1916.

HOLD YOUR LIBERTY BONDS

One who subscribes for a Liberty Bond and gets credit as a patriot for doing so is not acting patriotically if he immediately sells that bond, that is, unless he imperatively needs the money, says Secretary McAdoo. It is not the mere subscription that helps the Government, it is the actual loan; shifting the bond to some one else does not help.

The same objection lies to exchanging Liberty Loan Bonds in trade. Merchants offering to take Liberty Loan Bonds in exchange for merchandise are doubtlessly actuated by patriotic motives, but such transactions tend to defeat a primary object of the bond sale, the encouraging of thrift and the discouraging of expenditures. Bonds so exchanged are in most cases immediately sold on the open market which tend to depress the market price and affects adversely the sales of future issues.

Secretary McAdoo expressly states that there is no desire on the part of the Government to prevent or interfere with legitimate trading, in good faith, in Liberty Bonds.

It is one of the great objects of the Treasury Department to have these bonds held as permanent investments by the people and paid for out of savings, thus at once providing funds for the Government and conserving labor and material.

A NURSES' STUDY HALL

BY PHOEBE M. KANDEL, R.N.

Cincinnati, Ohio

The origin of the nurses' study hall at the Jewish Hospital, Cincinnati, Ohio, is the outcome of a paper prepared by Elsa E. Maurer for the National League of Nursing Education on the Planning and Equipment of Class and Lecture Rooms. This paper was read at the League's twenty-first annual convention at San Francisco, in the year 1915. Miss M. M. Russell, superintendent of the Jewish Hospital, and Mary M. Roberts, a graduate of that hospital, heard the paper read and discussed. The same day two members of the Board of Directors of the Jewish Hospital met Miss Russell and Miss Roberts and inquired about the meetings, whereupon they presented the new (but old) idea embodied in Miss Maurer's paper, that "the ideal place for class and lecture rooms in a school for nursing would be in a separate building, uninfluenced by the demands of hospital and dormitory." The result of the report was the erection of a compact school building for the education of the students in the School of Nursing connected with the Jewish Hospital. This building was "erected by the Sons of Fanny Straus in loving thought that she had been blessed with more than ninety years; furnished and equipped by the children of Ida Straus Henly"; dedicated and presented by Samuel Straus to the School of Nursing in the month of October, 1916.

The Nurses' Study Hall, Straus Hall, as far as we have been able to learn, has the distinction of being the first building of its type devoted exclusively to teaching purposes in connection with schools for nursing. It is built on colonial lines, of red brick with stone trimmings, is forty by sixty-six feet, and consists of two floors. The first floor contains nursing class rooms, cookery and science laboratories, recitation, supply, and service rooms.

The second floor is an auditorium. The dimensions of the assembly room are 34 feet 6 inches by 48 feet; vestibule and dressing rooms, 10 feet 4 inches by 11 feet 9 inches. The hall is equipped with a stage that is furnished with a reading stand and chairs, a moving picture projector and screen for illustrated lectures, and has a seating capacity of two hundred and fifty. The seats are in sections of four and are adjustable, so they can be easily folded and removed for social occasions. At each side of the stage are placed medallions that are reproductions of the Workum Medal, the school pin, designed and blocked by Sir Moses Ezekiel.

The woodwork of the auditorium, windows and seats, is finished a mahogany color, that of the class rooms is white enameled. The walls of both floors are stuccoed and painted a buff color. The windows on each side of the auditorium are seven feet wide by ten feet high, arranged on hinges to swing in, and have transoms. The windows at the front of the building are plain sash windows with stationary flower boxes on the outside made of cement. The windows of the class rooms are also sash windows. The floors of the auditorium and dressing rooms are of plain hardwood; of the vestibule, octagonal tile; and of the class rooms, cement. At the entrance and between the assembly room and vestibule are double doors with plate glass. On either side of the stage are exits with outside stairways.

The recitation room is 15 feet 8 inches by 25 feet 6 inches. It is furnished with an instructor's desk having both gas and water attachments; a blackboard 4 feet by 10 feet; manikin, skeleton; cabinet; charts; chairs having arm rest, and a few photographs of pioneers in nursing. This room has an eastern and southern exposure, and is ideally located, possessing a quiet and pleasant atmosphere for school work.

The nursing laboratory is the same size as the recitation room, having an eastern and northern exposure. This room, however, is a little too small and is not arranged to the best advantage with the supply and service rooms. For its size, it is well lighted and equipped. The furnishings are as follows: two adult beds, two bedside tables and chairs; Chase doll; one work table, 18 feet 9 inches by 5 feet 8 inches, with albarene top and having gas attachments; two students' tables, one 10 feet 3 inches by 2 feet 6 inches, the other 2 feet 6 inches by 6 feet, with drawers; white enameled sink with drain board, hot and cold water; cabinet 6 feet by 6 feet 9 inches, the upper part having shelves and glass doors, the lower part divided into drawers of different depth, and cupboard space.

The cookery laboratory is 15 feet 8 inches by 27 feet 3 inches and is furnished for a class of twelve. The instructor's desk is 2 feet by 3 feet 9 inches and may be used if there is a class of fourteen. There are two students' tables 10 feet 5 inches long, 2 feet wide and 2 feet 11 inches high, placed parallel with each other with a space of 2 feet 6 inches between them. They are covered with an albarene top. Three gas plates with two burners each are placed on each table arranged for use by two students, though each student has her own desk equipment. The desks consist of two medium-sized drawers with cupboard space below and an adjustable seat which swings under the table. The other furnishings are a cabinet, refrigerator, range, supply table, blackboard, charts and white enameled sink which has

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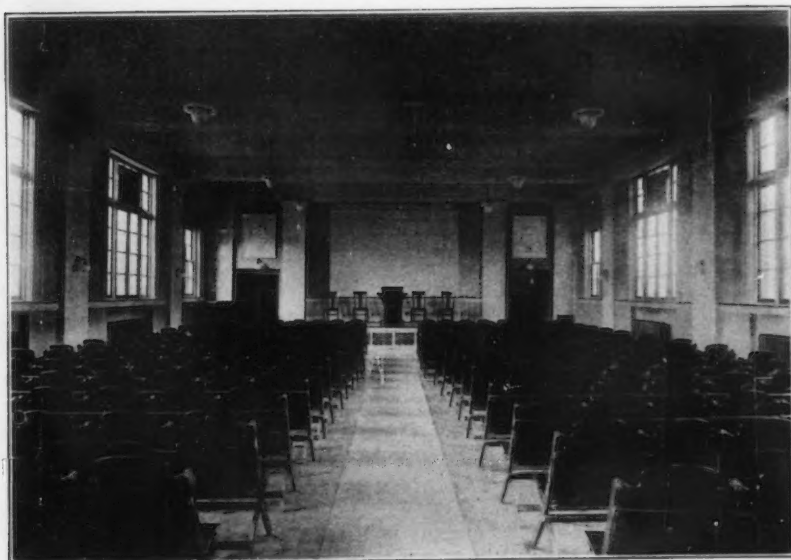
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Straus Hospital, Jewish Hospital, Cincinnati, O.



Auditorium



Recitation Room



Nursing Laboratory



Cookery Laboratory



Science Laboratory

two drain boards. The desk equipment for each student is as follows: Rolling pin, Dover egg beater, lemon reamer, platter, strainer, cookie cutter, glass measuring cup, tin measuring cup, pepper and salt shakers, enamel plate, sauce dish, two teaspoons, two forks, paring knife, spatula, knife, two tablespoons, wooden spoon, cover, double boiler, two yellow mixing bowls, strainer, sauce pan, skillet, asbestos mat, soap shaker.

The science laboratory is the same size as the cookery laboratory. In this room are taught drugs and solutions, anatomy and physiology, bacteriology, chemistry and urine analysis. It is furnished with a microscopic table 2 feet 9 inches high, 1 foot 6 inches wide, and 12 feet long, containing three drawers; cabinet the same kind and size as in the nursing laboratory; two double chemistry desks 12 feet 4 inches long, 4 feet wide and 3 feet high with albarene top. The chemistry desks have two shelves for reagent bottles, gas and alternate hot and cold water attachments. The desks are arranged so that the light is directed on each student's work. The chemical table is 3 feet by 8 feet 6 inches, fitted with three gas burners and a chemical hood. A blackboard 4 feet by 10 feet, and stools, make up the remainder of the furnishing.

Science Laboratory Equipment

For Biology: 1 oil immersion microscope, 2 Spencer type 64 A. microscopiers; 3 hand lenses; 12 dissecting pans (paraffine); 12 forceps; 12 scalpels; 12 scissors; 1 box culture tube labels; 1 glass covered specimen jar (3 qt.); 6 fermentation tubes; 2 enamel trays (14x21); 6 casseroles, 250 cc., with cover and wooden handles; 1 dissecting board; 1½ pound dissecting pins (2 inch).

For Materia Medica: 15 funnels; 12 graduates (8 oz.); 11 enamel pitchers (2 qt.); 12 medicine glasses; 36 bottles and corks, assorted sizes; 5 one-gallon jars; 1 two-quart jar; distilled water; 1 box powder papers; 1 box Dennison's labels; alcohol (95%); potassium permanganate crystals; bichloride of mercury (1-10); phenol (95%); oxalic acid crystals; formalin; cresol Sol.; boracic acid crystals; chlorinated lime.

For Bacteriology: 18 petri dishes; 36 slides (plain and hanging drop, 12); 1 box cover slips; 36 St. Louis prepared biological slides; 12 platinum loops; 12 students' boxes (for supplies); 38 medicine droppers; 3 enamel solution bowls (5 oz.); 3 glass bowls (5 oz.); 2 boxes blue and red litmus; 14 staining agent bottles; 2 enamel trays; culture media; gelatin; tooth picks.

For Chemistry: 12 asbestos mats; 2 retort stands (3 rings); 15 tripods (35 rings) 8 in.; 15 Bunsen burners (wing tops); 15 wire

gauze for tripods; 3 beakers nested with lip (70, 120, 180, 270 cc.); 10 Florence flasks (1000 cc.); 6 Erlenmeyer (250 cc.); 12 thistle tubes (12 in. long); 6 glass mortars and pestles (4 oz.); 12 deflagrating spoons (16 in. long $\frac{3}{4}$ dia.); 2 Liebig's condensers (15 in. long); 14 test tube clamps; 13 test tube racks with drying pins; 12 test tube brushes; glass cover slides 16 oz.; 19 rubber corks with 2 holes; 47 rubber corks with 1 hole; 6 rubber corks (plain); 12 evaporating dishes; 12 porcelain crucibles with covers 1 oz.; 12 clay triangles; 12 watch glass covers; 6 graduated cylinders (50 cc.); 144 soft glass test tubes; 12 hard glass test tubes; 1 lb. glass tubing (by the lb.) for drinking tubes, etc.; 62 glass rods for stirring, etc.; 12 pans for collecting gases (18x5); rubber tubing for connecting Bunsen burners; 72 reagent bottles for concentrated acids; 6 test tube wire baskets; 18 copper wire 3 in. long; 3 long stemmed glass funnels; 1 scales; 7 graduates (500 cc.); 1 retort; 36 wide mouthed bottles; 2 urino-meters; 3 magnets (horse shoe); 1 Beaumé hydrometer (acids); 1 Beaumé hydrometer (alkalies); 7 spatula (medium sized 5 in. blade); 24 coarse towels; 24 dusters; 1 staining jar for slides; 3 water bath copper 6 in.; 12 files; 7 match holders; powdered charcoal; sand; manganese dioxide; gypsum; zinc filings.

Miscellaneous: 1 box paraffine; splinters; filter paper; assorted corks.

This nurses' study hall, in the short time it has been in use, has more than justified the expense of its erection and its equipment. Both the faculty and the student body have derived much pleasure from the formal and informal gatherings held in the auditorium. In addition the splendid class rooms and laboratories have greatly facilitated and strengthened the carrying out of the curriculum, and it seems safe to say, at the end of eighteen months, that this pioneer and experimental school house has proven to be a valuable asset in the progress of nursing education.

If there is anywhere a thing put in two sentences that could have been as clearly and as engagingly and as forcibly said in one, then it's amateur work.—
Letters of Robert Louis Stevenson.

A SCHOOL FOR THE DEAF IN KENTUCKY¹

BY KATHERINE I. ELLISON, R.N.

Boulder, Colorado

All roads in the Blue Grass region of Kentucky lead to Danville and this little city does not disappoint one, come by whichever road one may. The many fine old trees, the substantial residences, the kindly attitude of the cultured people, the gracious hospitality, all combine to make a sojourn in Danville a pleasure, indeed. Small wonder, then, that Central University for men, Kentucky College for Women, and the Kentucky School for the Deaf, have all prospered here.

It is of this latter institution, I wish to write. A study of the establishment of schools for the deaf would well repay one; but it is impossible to afford that space in this paper. The first such school was established at Hartford, Connecticut; the Kentucky school was made possible by an act of the Legislature in December, 1822.

In 1824, a student at Centre College (now Central University) became interested in instruction for the deaf and rode horseback all the way to Hartford where he worked day and night to acquire the knowledge that would fit him to perform his chosen task. He remained with the Kentucky school until his death in 1869. The first pupils were housed in a small frame building. In 1826, the Board purchased ten acres of land and it has added to this original purchase until now the school uses eighty acres of ground and has the necessary buildings for a separate dormitory for boys from six to twelve years of age, another for boys from twelve to twenty-three, and the same accommodations for girls. There is a chapel, an administration building, a hospital, buildings for the various trades for boys and industries for girls, and a separate group of buildings for the colored children.

In addition to his education, each pupil is taught a trade, with the object of making self-supporting, self-respecting citizens. The boys are taught printing, carpentry, shoemaking, tailoring, dairy and farm work; and the girls, sewing, needlework, laundry, dining-room work and home nursing. In the academic department, the children when received are graded as rapidly as possible, according to mentality. An experienced teacher can look at a child and, with several exceptions in each class, can tell whether or not he will go in to the lowest, highest or middle division. There are usually three beginning classes. During the first three months changes are made

¹Read at a meeting of nurses in Owensboro, Ky.

rapidly, as the child shows responsiveness or the lack of it, and by Thanksgiving, the classes are usually fairly well graded.

Sense training methods are used first, that is, teaching from color and form charts. Lip-reading is begun at once, by having the children look closely while the teacher speaks the name of two objects, "ball, fish" or "cow, flower." Word by word the vocabulary is built up, sound by sound the vowels and consonants are given, the children imitating the teacher.

We nurses think that patience is an overworked virtue in our profession, but think of building a vocabulary a sound at a time, and think of the number of times a sound must be repeated before the child gets it.

At the end of the first year, the child has acquired about seventy-five spoken words and is able to express his wants in simple sentences. Language work is begun by dividing the blackboard into six spaces. Only indicative sentences are used, and the subject, predicate, object, and adverbial and time phrases, are *always* placed in the same position. In arithmetic they count from one to twenty and add from one to ten. A teacher of the deaf is really teaching a new language and that without the medium of translation. English is as foreign to a deaf child as Chinese is to us. The vocabulary is increased and question forms are taught in the second year. In the third year, the children are told a story, and are then questioned on it. Subtraction and addition are added to the arithmetic. Geography is begun in the fourth year, by teaching direction in the schoolroom, in the grounds, in the town and vicinity. Multiplication is added to the arithmetic and direct and indirect quotation to language study. In the fifth year, the state is added to the geography, later the United States. Short division is begun, and history. Until the sixth year all lessons are written by the teachers; now, a few simple text books are used, and in the seventh year, the regular text books, published by the American Book Company. Fractions are added to the arithmetic. Physiology, physics, taxes, partial payments, English and American history, English and American classics in literature and algebra are all taught before the end of the course. Those who complete it are ready to enter Gallaudet, the National College for the Deaf at Washington, D. C.

One of the objects of this paper is to interest nurses in the deaf, and to impress upon them the importance of having a child enter a school while he is young. To see a child enter in September, whether he is six years old, or sixteen, unable to speak a word or make any want known, and to hear the same child in six months' time pray: "Father, we love Thee, we want to be good," brings a lump into one's throat and fills one's heart with the desire to spread the knowledge of

the school's possibilities and thus enable these seriously handicapped children to profit by the instruction offered. Those who enter after they are grown have a bitter time. They often cannot be taught to talk, but in those schools which use what is called the combined system, they are taught the sign language and this gives them a means of communication with their kind.

While one marvels at the grasp of language that is developed, some funny things do happen. For instance, in the Home Nursing examination one girl answered the question: "Name the principal points in personal hygiene," by saying, "The principal points of personal hygiene are forehead, eyes," etc. But on the whole, the papers handed in were as complete and well expressed as any I ever received from a nurse.

The schedule for the Home Nursing course included the following: bed baths, bed making, infant bathing, infant feeding, simple procedures such as, tooth brush drill, filling a water bottle, giving an enema, first aid for burns, for fainting, for hemorrhage, for drowning, for fracture, personal hygiene, household hygiene, keeping a sound mind in sound body by proper supply of well cooked food, air and sunlight, exercise, bathing, rest, congenial environment, knowledge of food principles with the importance and purpose of each one, simple, economical and palatable cooking and realization of the importance of a varied diet.

These children come to the school from all the cities in the state and many from the poorest mountain cabins. So when a girl from an unplastered cabin on the mountainside answers you, "The principal point in personal hygiene is cleanliness; dirt causes disease; one should have plenty of sunshine and fresh air; chickens, dogs and pigs must stay away from the house and the drinking water," one feels, though the language may seem rough, that the school and its teachings will benefit not only the child, but her home and the neighborhood.

An afflicted child usually receives unusual love, and the family and neighbors are almost certain to profit by the habits of cleanliness, by the improved manners, and the consideration for others inculcated by precept and example by all the teachers and officers of the school.

I have said very little about the nursing of the deaf children but we had a daily average of from ten to twelve in the hospital and we treated many others in the out-patient department.

I will conclude by asking you to be interested in the next deaf child you see. You will notice that he will greet you with a smile, and if you give him the least encouragement he will say, "I love you."

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON and ANNA C. JAMME

POSSIBLE CHANGES TO MEET THE WAR EMERGENCY

When the war brought us face to face with the problem of supplying some thousands of trained nurses for army and navy service, we knew at once that we should have substantially to increase our nursing forces, or fail the country in its hour of need. Two alternatives presented themselves. Either we must dilute our professional personnel by introducing a fairly large body of untrained workers into military hospitals and accept the lowering of professional standards which this policy would entail, or we must start in at once to produce trained workers at a much more rapid rate than had usually been considered possible.

Other professions faced with the same problems—medicine, engineering, the army and the navy, and all kinds of commercial and industrial occupations—are meeting the situation in different ways. Medical colleges are proposing to put in three additional summer terms so as to graduate students a year earlier than usual. Some universities are accepting military service instead of the final year of college work. Some high schools are releasing their students for agricultural service and giving them credit for it. Certain occupations have accepted the makeshift of the temporary untrained worker, and others were obliged to shorten the regular period of training and rush workers into the field half-trained, while still others have compromised by cutting out more or less nonessential parts of the training and speeding up the rest through intensive, well directed work. Where it was possible to secure a group of picked students with good fundamental preparation, surprising results have frequently been obtained by the latter method. Part of the success is doubtless due to the spur of war enthusiasm and the consciousness of the nation's urgent need, but especially in the army, authorities seem to agree that it has also been due to new methods of training, involving the scrapping of some established traditions and the reconstruction of some fundamental theories of military education.

It seems probable that nursing education will also undergo some modifications as a result of the experiences we are going through in our effort to meet the exceptional demands of the war situation. Fortunately, in nursing we had at our disposal large enough forces of trained women to meet all immediate needs, so it has not been

necessary as yet to resort to the use of untrained workers or to compromise on half-trained workers. Under the leadership of the National Committee on Nursing, various measures were at once introduced to speed up the training and increase the total output of graduate nurses: (1) by enlarging the regular classes entering training schools; (2) by bringing in extra summer groups; (3) by admitting nonresident students; (4) by shortening the training somewhat for especially qualified students (college graduates); and (5) by drafting more senior students for training in visiting nursing and other special branches and thus providing accommodation for more pupils in the training schools.

As a result of these measures the number of pupils entering schools of nursing during this past year, according to statistics from over 700 schools, has increased by about 25 per cent. This means that instead of a yearly output of between twelve and fifteen thousand graduate nurses, we will have, roughly, from fifteen to eighteen thousand available in 1919 and 1920. We do not know how many of the pupils entering last summer came in on the two years and three months' basis, but it is probable that an appreciable number of these will be ready in the fall of 1919 to increase further the usual yearly output.

As an additional measure for meeting any urgent demands in the meantime, the National Committee on Nursing is proposing that senior pupil nurses from three-year schools be allowed to graduate six months earlier on condition that they enroll at once for war service in connection with Army, Navy or Red Cross hospitals. Thus, by drawing off the relatively skilled workers from the top and filling in more recruits from the bottom, the hospital training schools should be able to keep up the necessary supply of trained workers, both for civilian and military hospitals until the larger classes begin to graduate.

In order that the pupils may not suffer seriously from this possible shortening of their training and that they may be able to qualify fully for registration, it will be necessary to go very carefully over the ground of both their theoretical and practical work to see what we can do to speed up the training and to give it the maximum of educational value and productiveness.

We know that some parts of the practical work can be eliminated or cut down without any great loss to the students. Much of the routine household work, dusting, cleaning, folding linen, setting trays, etc., might very well be turned over to domestic employees after the pupil has shown that she has mastered the principles and the method. The period in the surgical supply room can usually be greatly reduced

to allow for more actual work with patients. Night duty and service in the private wards, which is relatively less instructive than day duty on the big open wards, should be reduced to the lowest possible minimum.

The suggestion which has been made that pupil nurses should be used more extensively as special nurses for private patients in order that more graduate nurses might be released for war service, would be most unfair to the pupils, since it would deprive them of the richer and more intensive experience with a larger variety of patients in the more active departments of the hospital. It would be especially unfortunate to increase the work with private patients which is already much too extensive in most hospitals, if the training is to be shortened in any way. Private patients will have to learn to do with less "specializing" than they have been accustomed to. Indeed, it is evident already that owing to patriotism or enforced economy, fewer special nurses or "luxury" nurses are now being employed than formerly, a decidedly wholesome change which it is hoped the hospitals will encourage.

On the other hand, many schools are beginning to accept the idea that it is not absolutely necessary for every pupil to have a period of practical experience in every hospital department. It is obvious that for a nurse who expects to do public health work a period in the dispensary is more profitable than a period in the operating room, and a period of visiting nursing might well replace some of the accepted work in the medical or surgical wards.

The emphasis on different parts of the training is also changing. The importance of mental and contagious work is being more and more urged by public health workers especially, and everyone agrees that more time in the general course should be given to obstetrical and children's nursing. Administrative work, however, is not necessarily a part of hospital training. It is usually introduced for economy and for the convenience of the hospital, and it should certainly be omitted if the period of training is to be reduced.

In regard to the theoretical work, this is already so inadequate in many schools that it would be most unfortunate to reduce it for any group of pupils. Since many training schools will be accepting some college women on the two-year or two-year-and-three-months' basis, it would seem to be the best plan to begin at once to push the theoretical work forward for all students and to condense into the first two years most of the lecture and class work usually given in the three years. This would make it easier to release pupils in the third year, if it should prove necessary, and would facilitate the arrange-

ment for special training in affiliating hospitals and visiting nurse associations in the third year.

The Regents in the State of New York have already signified their willingness to allow pupils to take the regents examinations six months before graduation in order that they may be released for military service, if necessary, and they may in that case have the full status of graduate registered nurses. Other states will undoubtedly be willing to allow similar concessions.

The one great difficulty which is being met in many states is the law governing registration. Where the law states definitely, as it does in about eighteen states, that the course of training in registered schools must be three years, and that this period of time must be spent within the hospital, it is obviously impossible for any hospital in that state to offer to reduce the regular course for college graduates or to release third year students for any portion of the course.

The following extracts from the laws of two of these states will show what the problem is:

California.—"An accredited training school for nurses within the meaning of this act is hereby defined to be a school for the training of nurses attached to or operated in connection with a hospital or hospitals giving a general training and systematic theoretical and practical course of instruction covering a period of at least three years."

Maryland.—"Each applicant shall furnish evidence satisfactory to said Board of Examiners that he or she has graduated from a training school connected with a general hospital where three years of training with a systematic course of instruction is given in the hospital."

No one would for a moment suggest the advisability of breaking down a three-year law and substituting a two-year law for it, or even of suspending it for the duration of the war. Indeed, such an emergency measure could not be put through at the present time. But it would be possible to offer such an amendment to the law, as would allow greater flexibility of application and more liberal interpretation of its requirements. Instead of the three full years of training in a hospital, it would be possible to allow some portion of this time to be spent in preparation in an approved college or technical school or in special training for public health nursing or social service or in service in military hospitals, in time of war. In allowing for this freer interpretation of the three-year law, we would not be breaking down standards of nursing education, but would rather be providing for certain developments in our present system which would not be possible otherwise.

There has been an increasing tendency in the past few years to turn over some portion of the preliminary preparation of the nurse to colleges or other educational institutions. This seems on the whole

a good thing to encourage and yet the training is not given within the hospital, and very often the student has little or no connection with the hospital during this period. Again, we find several representative schools arranging for special courses in visiting nursing outside of the hospital or for certain courses in an adjacent educational institution during the final year. Within the strict meaning of the laws quoted, any such substitution for the actual work in the hospital wards would be impossible.

There will probably be considerable difference of opinion among training schools regarding the policy of accepting college graduates for a somewhat reduced course of training, but no state would wish definitely to exclude from its schools this better-educated group of applicants. Unfortunately, that is what is happening.

The Vassar College Committee in selecting the group of hospitals to which the students from the summer course will be sent for their two years' training have been obliged to omit the names of a number of the most prominent hospitals in the country because of the compulsory three-year laws in their states. If amendments could be pushed through at once, it might still be possible to make arrangements for some of these well-prepared college women (about 500 are expected) to be admitted to hospitals in those states.

Since there is little doubt that the war will last some time longer, and since every nursing school and every state wants to help in every way possible in meeting the needs of the country, it would seem to be advisable for legislative committees to consider this matter at the earliest possible moment. The need is urgent, and if we cannot adapt our existing machinery to meet it, new measures will be forced upon us from the outside which will be much more difficult to control and which may result in a serious breaking down of our existing standards of nursing.

One of our correspondents writes:

I went into the House of Representatives on Saturday afternoon and heard Nicholas Longworth in a very eloquent speech. The lolling members apparently paid little attention, but a number shook hands with him at its close, so they must have listened. Miss Rankin was in her seat, looking well and behaving well, quite a credit to her state.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

A Polish legion has been formed in France. The uniform is Roumanian blue, with the old time square cap, and—at last—their own one-headed eagle, the national emblem that has been so long strictly forbidden. A raspberry colored brassard with a white one-headed eagle is worn on the arm.

The 1914 Bronze Star has been presented to two nursing sisters of No. 2 Canadian Stationary Hospital in France. This was the first Canadian unit to reach France after war was declared, embarking in November, 1914. Twenty-four noncommissioned officers and men also were decorated. The members of the staff thus honored are all that is left of the original hospital staff. The 1914 Star is awarded only to those who served in France between August 4th and November 22nd, 1914. The general body of Canadians was not then in France.

After every battle, salvage lorries go over the battlefields and bring in everything they can pick up. At Calais, 25,000 pairs of shoes are remade every week after they have been brought in from the scene of conflict. Uniforms are made over and every bit of salvage is utilized in some way, so that nothing is wasted.

The American troops in the trenches were victorious in their first encounter on a large scale with the enemy. The German attack was a sudden one and a heavy barrage along a front of several kilometres cut off the Americans. They responded with vigor, their 75's tore up the German front trenches, blew up several of their dugouts and cut their barbed wire entanglements, causing damage which it would take some time to repair. Little harm was done the American position. The enemy received an overpowering bombardment at this initial point of assault, which later was extended over a wide region. The first experience of our troops in the trenches was in Lorraine. When the German barrage began, a corporal, carrying out previous instructions, ordered two privates who were stationed in an advanced listening post to retire to the main trenches. Soon afterward the corporal was killed and one of the privates, John W. Hill, refused to go back to a safer place. "I'll stick here," he called out. Reconnoitering parties found blood stains on the ground about the listening post and a German rifle and two grenades lying near by. It is supposed that Hill was taken prisoner. Private George Ashburn of Clark Range, Tennessee, was the first American wounded when his regiment entered the trenches for instruction last October. Sergeant Joseph

Enderling was cited in the French order of the day for gallantry in leading patrols to the enemy's barbed wire on several occasions and gaining information valuable for future operations. Both these men were decorated with French war crosses. When the colonel of their regiment pinned them on their breasts he said that he and his command were honored by having two of his men thus highly praised by the French army. Asburn and Enderling's citations will be recorded in the regimental archives.

A twelve-inch gun disposes of a half bale of cotton with every shot fired; a machine gun in operation uses up a bale in three minutes. In a naval battle like the one off Jutland, over 5000 pounds a minute are consumed by each active warship. More than 20,000 bales a year are needed to provide absorbent cotton for the wounds of the injured. A million bales are necessary to provide one change of clothing for all the troops now engaged in the war.

The soldiers on board the *Tuscania*, the first American transport to be sunk by the Germans, displayed the greatest coolness when the vessel was torpedoed. Each man went to his appointed post and there was no confusion. They were approaching the Irish coast and the men were preparing their kits, laughing and joking, for disembarkation after the 3000 miles voyage. Although they were not veterans from Flanders, they met the test without a quiver and with no trace of panic or disturbance. One hundred and forty-three men and four officers perished, but the remainder, over 2000, was saved, either in the ship's boats, or by the British destroyers. It is believed that German spies revealed the time of sailing of the *Tuscania* and the route she was to take. It is thought that the submarine that attacked her was destroyed by depth bombs from the destroyers. The United States Marine recruiting station in New York was immediately swamped by recruits as a direct result of the sinking.

"Poilu" in the French dictionary means hairy, shaggy, bristling. The name was given to French soldiers who have served in the trenches because the first French soldiers on leave thronged into Paris wearing whiskers. Such a sight had never been seen before and the people cried, "Oh, les poilus," which may be freely translated, "Oh! the whiskers," and the name stuck.

The bodies of the American soldiers drowned in the torpedoing of the *Tuscania* were buried on the Scottish shore near where the disaster took place. No American flag was to be obtained for the ceremony. A number of Scotch women procured a small silk pocket handkerchief edition of the flag and sat up all night to make a large sized one, that the strangers might not lack at their burial the flag for which they gave their lives.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

On March 1, 1918, we had assigned to duty, 6220 nurses, and a total enrollment of 18,263. With the completion of the general survey of registered nurses in the United States, excepting the states of Pennsylvania and Indiana, it has been possible to tabulate the enrollments and assignments to duty, so that we are in a position to know definitely the states which have provided the largest quotas of nurses for military service.

The percentage of nurses enrolled to the total registration in the various states present, in a graphic way, the activities of our various committees, and will guide us in our efforts not only to stimulate enrollment but to increase the number of nurses available for service. The readers of the JOURNAL will, I am sure, be interested to know the states providing the highest average of actual assignments to duty in relation to the total number of registered nurses in the state.

The states providing 10 per cent or more of their registered nurses are:

North Dakota	20%	District of Columbia.	13%
Maryland	18%	New York	12%
Illinois	17%	California	12%
Iowa	16%	Louisiana	11%
Colorado	15%	Minnesota	11%
Idaho	14%	Tennessee	11%
Missouri	14%	Kentucky	10%
Washington	14%	Michigan	10%

Those supplying 5 per cent or less of their registered nurses are:

Delaware	2%	Arkansas	4%
North Carolina	2%	New Hampshire	4%
Kansas	3%	Oregon	4%
Mississippi	3%	Rhode Island	4%
Oklahoma	3%	Virginia	4%
South Carolina	3%	W. Virginia	4%
Vermont	3%		

The Surgeon General has requested at least 5,000 additional nurses by the first of June, and has estimated that not far from 30,000 more will be needed by January 1, 1919. It is evident that if we are to meet the needs of the Army and Navy, enrollments must be greatly increased.

The total number of registered nurses in the United States has probably been overestimated, due to duplicate registration and other losses. The survey which has recently been made indicates that there are not more than 65,000 registered nurses in the United States. If we are to meet the needs of the Army and the Navy with registered nurses alone, it will be necessary to withdraw not far from 50 per cent of the total number of registered nurses. Even though we include all graduate nurses who are not registered, placing the total at about 100,000, at least 33 per cent of the entire number must be secured, if we provide nursing care for our Army and Navy.

In view of these figures it seems evident that a special campaign for the enrollment of nurses must be undertaken, not only to bring to the nurses the great need but to insure the coöperation and assistance of the public and physicians of the country as well. It does not seem fair to place upon the nurses the entire responsibility of a decision. We believe that the community must share with the nurse the responsibility for her withdrawal from the community and protect her as far as possible from too great financial sacrifice. The Red Cross is therefore taking steps towards organizing a definite campaign which we hope to undertake in the early spring.

A special committee has been appointed by the Chairman of the National Committee on Red Cross Nursing Service, representing the three national organizations of nurses, to aid in preparing the publicity material and in carrying out this special campaign. The representatives of the three organizations are Katharine DeWitt, secretary of the American Nurses' Association and assistant editor of the *AMERICAN JOURNAL OF NURSING*; S. Lillian Clayton, president of the National League of Nursing Education, and Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing and of the Committee on Nursing of the Council of National Defense.

SPECIAL ENROLLMENT OF HOME DEFENSE NURSES

In order to help meet the needs of the communities from which our enrolled nurses are withdrawn for military service, the Red Cross has authorized a special enrollment of nurses who are not available for active service but who might be willing to give a portion of their time for various kinds of service in their own localities, such a nurse to have the designation of "Home Defense Nurse." The Division Directors of the Bureaus of Nursing will be responsible for this special enrollment in coöperation with local committees on Red Cross Chapter, and other organizations, and will make the necessary arrangements for their assignment to duty as needed.

In order to avoid confusion in this enrollment, a special pin has been authorized by the Red Cross, the standard membership pin with a bar bearing the words "Home Defense Nurse." It is hoped that this pin will be recognized in case of local disaster by city and other officials as authority for emergency relief work.

RESIGNATION OF MISS CLEMENT

Fannie F. Clement, who has been for five and a half years superintendent of the Red Cross Town and Country Nursing Service, has recently resigned. This work was undertaken as something of an experiment, the Red Cross entering the field of rural nursing as a pioneer. There were not more than 800 organizations in the entire country at that time, and but a meagre proportion of these in rural districts. Miss Clement brought to this work an enthusiastic belief in the opportunities for service in rural communities and has seen the work develop in many sections of the country. One hundred and six nurses are now serving under the supervision of this service, the majority of them in distinctly rural districts. It is with regret that the Red Cross has accepted Miss Clement's resignation, as well as with sincere appreciation of the splendid work which she has accomplished.

Mary S. Gardner has accepted a temporary appointment as Director of the Bureau of Town and Country Nursing Service for at least a year, to help in the development of this special activity, the Board of Trustees of the District Nursing Association of Providence, Rhode Island, having generously consented to give her a leave of absence for this work. Miss Gardner, who is well known to the nurses of the United States, is a graduate of the Newport Hospital, Newport, R. I., and has been superintendent of the Providence District Nursing Association since graduation. She has been interested in Red Cross work for a number of years, having enrolled in the Nursing Service in 1912. She is recognized throughout the country as an authority on all phases of public health work, and in extending the activities of her Association throughout the State of Rhode Island she has had unusual experience in dealing with rural problems.

The Red Cross is fortunate in securing her services at this time, as it is hoped that with the development of the large number of chapters now in existence, we may be able greatly to increase the usefulness of our Town and Country Nursing Service. Miss Gardner was active in the development of the National Organization of Public Health Nursing and served for two years as president of that organization.

Elizabeth G. Fox has been appointed associate director of the

Bureau. Miss Fox has been identified with public health activities for the past four years, having served on the staff of the Chicago Instructive Visiting Nurse Association, later as superintendent of the Visiting Nurse Association of Dayton, Ohio, and for the past three years has filled the position of superintendent of the Instructive Visiting Nurse Association of Washington, D. C. Miss Fox has been enrolled in the Red Cross Nursing Service since 1913. She is a member of the Executive Committee of the National Organization of Public Health Nursing, and is also a member of the National Committee on Red Cross Nursing Service.

SERVICE FLAG

A Red Cross service flag has been authorized for the use of training schools, and instructions concerning its distribution have been sent to our thirteen Division Directors. The standard Red Cross flag may be used with blue stars on the white ground, indicating the number of nurses assigned to duty. Should this number become too great to appear on the white ground, figures indicating the number in service may be added in the center of the Red Cross. This makes a most attractive and significant flag in honor of Red Cross nurses in active service, either as members of the Army and Navy Nurse Corps, or those serving directly under the Red Cross at home or abroad. It is hoped that all training schools with nurses on active duty will secure these flags.

DECENTRALIZATION OF CLASS WORK

Decentralization of the classes in Elementary Hygiene and Home Care of the Sick and in Home Dietetics has recently been accomplished, thereby transferring the responsibility for the organization and conduct of these classes from Red Cross Headquarters to the thirteen Division Directors of Nursing. With the tremendous growth in the number of Chapters throughout the country, now there are 3630, a greatly increased interest in these courses is anticipated. More instructors will be needed. Many nurses not able to qualify for active service will find in the instruction of the course in Elementary Hygiene and Home Care of the Sick a service of great value to their communities. For the course in foods and cookery, women who have had a two years' course in Household Economics will also be needed. For information regarding these courses the nurse or the dietitian should address the Division Director of Nursing in her locality.

CHAUTAUQUA LECTURES BY RED CROSS NURSES

An important service to which Red Cross nurses are being called in increasing numbers is that of instructor and lecturer. In the

extension courses of several of our great State Universities, nurses have for some time been giving this important service. Last year a call came for an enrolled Red Cross nurse who might represent Red Cross interests in a Chautauqua course to be given under the Radcliffe Bureau. Florence M. Besley of Washington was assigned to this work and for the season of twenty-five weeks and more gave lectures in the Virginias and Carolinas. Her efforts were so gratefully received everywhere that for the season of 1918 the Director of the Bureau, Mr. W. L. Radcliffe, requested that four Red Cross nurses be assigned to this work, one for each of his four Chautauqua Circuits, including territory from Delaware to California. Miss Besley, Flora Bradford and Mrs. Margaret K. Cooper, both of New York City, and Dolly Twitchell of Chicago, are already in the field, sending back enthusiastic reports of their work and opportunities. Every morning in the week, except Sunday, the nurse gives to a new audience, a health talk and a demonstration of some helpful nursing procedure; in the afternoon a lecture on the story of the Red Cross in peace and in war. To quote from letters received from them:

"Three nurses have told me they were applying for Red Cross enrollment."

"In one place they asked advice on securing a Community Nurse. I referred them to the Town and Country Nursing Service."

"I am having such fine groups of school children in the morning. The schools usually dismiss for this. I have had as many as 500 school children for the health talks."

"The interest is wonderful. Everywhere people are catching the spirit of the American Red Cross."

When it is known that the field of work of these nurses is confined to rural communities that have little communication with the outside world, the value of the service is easily appreciated.

We are grateful for this new opportunity that has come to the nurses, not only by giving first lessons in health, where these are much needed, but in extending and promoting the knowledge and interests of the American Red Cross. Furthermore, by the coöperation of these women with the Local Division Director of Nursing and Local Committees on Red Cross Nursing Service, they will be able to give valuable assistance in all that relates to nursing interests.

RED CROSS NOTES

BY CLARA D. NOYES, R.N.

Hospital units, special units, and nurses from emergency detachments have been required in large numbers by the War Department during the month of February. Copies of travel orders for

nurses of the following Base Hospitals have been received at the Red Cross office:

Base Hospital No. 1, Bellevue, New York City, Beatrice Bamber, Chief Nurse.

Base Hospital No. 24, Tulane Hospital, New Orleans, Ethel Holmes, Chief Nurse.

Base Hospital No. 116, with a nursing personnel of one hundred nurses, Chief Nurse from Army Nurse Corps.

Base Hospital No. 20, University of Pennsylvania, Philadelphia, Edith Irwin, Chief Nurse.

Base Hospital No. 33, Albany Hospital, Albany, N. Y., Mattie Washburn, Chief Nurse.

The papers of the nursing personnel of the following Base Hospitals have been sent to the Surgeon General's office:

Base Hospital No. 19, Rochester General Hospital, Rochester, N. Y., Jessica Heal, Chief Nurse.

Base Hospital No. 22, Milwaukee County Hospital, Stella S. Matthews, Chief Nurse.

Base Hospital No. 41, University of Virginia, Margaret Cowling, Chief Nurse.

Base Hospital No. 42, University of Maryland, Baltimore, Mary Gavin, Chief Nurse.

Also the papers of an additional group of thirty-five nurses (sixty-five papers already in the Surgeon General's office), from Base Hospital No. 38, Jefferson Hospital, Philadelphia, Clara Melville, Chief Nurse.

In all probability the nurses of the last three units will be sent into cantonment hospitals, waiting mobilization for foreign service.

Base Hospital No. 30, University of California, Amelia S. Crane, Chief Nurse, which had been mobilized at Ellis Island, has been sent into cantonment service.

These Base Hospitals, with the exception of Base Hospital No. 30, have all been required to increase the number of nurses from sixty-five to one hundred.

Papers have also been required for the following special hospitals:

Base Hospital No. 114, Orthopedic, Chief Nurse from Army Nurse Corps. Twelve nurses from this hospital were sent to England several months ago for preparation, and will probably be attached to this hospital when it reaches France.

Base Hospital No. 115, for head and neck, eye and ear surgery, Chief Nurse from Army Nurse Corps.

Base Hospital No. 117, Neurological Work, Adele S. Poston, Chief Nurse.

There are still some vacancies on Base Hospital No. 115. We should be glad to receive applications from nurses who have had special training for work such as will be done in this institution.

The papers of the following Hospital Units (twenty-one nurses each), have also been sent to the War Department: Units I, M, N, T, U, V, W.

Communications from nurses are constantly received at National Headquarters asking to be attached to Dr. ——— Mobile Unit, or Evacuation Hospital. The Red Cross has not been asked to organize the nursing personnel for such units. It is understood that nurses for evacuation hospitals will be selected from those now in service in France. We urge Red Cross nurses to exercise care in attaching themselves to units, before making inquiry at National Headquarters concerning the standing of the unit. The same is true of the organization of groups of nurses as Anaesthetists. The Surgeon General has not authorized the Red Cross to select nurses for this purpose. Although additional Base Hospitals will probably be required for service abroad, the Red Cross has not been asked to organize the nursing personnel for these, according to the former plan. The latest information received at this office from the Surgeon General's office would indicate that the nurses will be selected from those assigned to cantonment hospitals. Inasmuch as this is the case, we have been asked to assign nurses as rapidly as possible for home service. This method should result in a prompt response for duty on the part of nurses. Length of service and a good record would appear to govern, to some extent, selection for this service. It is most important that the Red Cross should maintain a large reserve available for service, upon short notice, wherever and whenever needed by the War Department.

It is interesting to note that since war was declared eighty nurses have been assigned to public health work in the Sanitary Zones. This number includes ten who have been sent to contagious hospitals which have been developed for temporary service.

Seventy-four nurses have been assigned to cantonment hospitals for psychiatric work; one hundred and ninety-nine for service in foreign countries under the Red Cross. The majority of these have been sent to France, either for work with the Children's Bureau or such institutions as have been developed for civilian needs.

The papers of the nursing personnel of Navy Base Hospital No. 4, Rhode Island Hospital, Providence, Grace MacIntyre, Chief Nurse, have been sent to the Surgeon General's office and are awaiting assign-

ment. Forty-five papers of detached nurses have been sent to the same office for assignment where needed.

It is interesting to note that four hundred and eighty-nine nurses have been sent from emergency detachments, and two hundred and sixty-eight detached for temporary service into cantonment hospitals during February.

Mary Stakelum, Louise Lindahl and Marie Schiess, Red Cross nurses in the Federal Service at Corozal Hospital, Canal Zone, were released to answer an urgent call to Guatemala City, when that city was practically destroyed by an earthquake. These nurses were the nearest at hand, and all were able to speak Spanish.

One hundred detached nurses for service overseas with the American Expeditionary Forces have also been required. These were secured by giving each of the thirteen Division Directors of Nursing an allotment, and as far as possible they were selected from among those who had signified their willingness to accept home service.

Delays, confusion and misunderstandings occur from time to time because nurses expecting assignments have read into the situation a meaning of their own. In order to avoid such, the following illustrations are given, accompanied by an urgent request for coöperation.

Groups of nurses who are friends, occasionally band themselves together as a unit (unauthorized), for foreign service, standing out not only against home service, but separation. The Surgeon General's office has stated that as far as possible (provided it is signified in advance), assignment for cantonment duty according to preference can be made and friends be assigned together, but no definite promises can be given, and nurses should think twice before they refuse an assignment not according to their preference. The work and strain upon the Surgeon General's office has reached too large a dimension to consider individual preferences to any great extent. Groups who hold out against home service not only make service of any kind for themselves impossible, but place themselves in the position of a possible recommendation for disenrollment, not to mention the unfavorable impression of lack of patriotism created thereby.

Requests for transfer are also vexing. Hundreds of letters are received at National Headquarters asking for transfers from one unit to another. When an adequate reason has been given, this has occasionally been done, only to have the request repeated in a short time. Many unhesitatingly write that they understand their unit is not to be mobilized now and that unit number — is going out next, and they are so anxious for overseas service, can they not be transferred and

then attached to their own unit when it goes over. These requests and many others of a similar nature fill the mails at National Headquarters. One of the most frequent requests is received from nurses already in service in cantonments stating that although they are happy and their services are greatly needed, could they not be sent abroad? Nurses should remember that once assigned to duty with the military establishment the Red Cross has no official control over them, and that all requests for transfer, resignation, etc., should be sent through the official channel to the Surgeon General's office. We understand that many similar requests are also reaching the Superintendent of the Army Nurse Corps. We cannot urge too strongly upon Red Cross nurses that they accept without question the service to which they are assigned. The apparent lack of interest in the sick soldiers in our cantonments on the part of many of our nurses, coupled with the evident indecision and lack of stability, is a matter of grave anxiety on the part of those responsible for securing an adequate nursing staff for the needs of our army.

The Italian Commission has recently sent a request for a group of nurses to establish a teaching and working center in Milan. Miss K. C. DeLong, who speaks Italian, has been selected to take charge of this work and authorized to select her associates. This group is practically complete, and will sail within a very short time.

Groups of nurses organized for service in Europe under the Red Cross are assigned to Martha M. Russell, representative of the Nursing Service in Paris, No. 4 Place de la Concorde, and are sent over under the chaperonage of a nurse who is temporarily designated as the head nurse. This arrangement does not insure the nurse selected for this purpose an assignment after reaching France as a chief nurse, or even as a head nurse. Except in specific instances where arrangements are made in advance, no definite assignments can be guaranteed. The reasons for this are obvious.

In spite of all that has been said and all the editorials that have been written, we still need to emphasize the need for nurses for home service, for although several thousand nurses have responded, we shall need several thousand more within the next few months. If the second five or six thousand can only be brought into the service without a tremendous expenditure of time and anxiety—for service wherever and whenever needed—the work of those responsible for their assignment at National Headquarters will be greatly reduced. We are intensely proud of our nurses and the work they are rendering, but the beauty of the service cannot help but be dimmed when so much effort is required to get the nurse actually into service.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

NEW YORK CITY.—All public health nurses feel the need of dental clinics for adult patients. Many cities have dental clinics for school children. Boston has a very remarkable dental clinic for children under 14, known as the Forsyth Dental Dispensary. Rochester has the first free dental clinic in the United States, and, one by one, other cities are coming into line by offering free dentistry to children. But no city seems to have had the energy to organize a free or "at cost" dental clinic for adults, and yet every health survey shows the crying need of good dental work among all classes of manual workers. Of course, many cities have free dental clinics attached to their colleges of dentistry, but most of these charge for the material used and in all of them the patient is more or less at the mercy of a student who is learning dentistry and who is not a trained dentist. Excellent work is done in some of these free clinics, and extremely poor work in others, and a patient who has been badly handled once, goes back most reluctantly, if at all.

It has remained for the Joint Board of Sanitary Control in the Cloak, Suit, Shirt, Dress and Waist Industries of New York City, to establish a Union Dental Clinic. This is a coöperative, self-supporting, modern clinic, employing one full-time and four part-time graduate dentists. It is intended for the members of the International Ladies' Garments Workers' Union, and treats both the members and their wives, children and other relatives.

The first annual report shows how much can be accomplished by a dental clinic which, in time, will be made entirely self-supporting. The need of the clinic was felt because an examination of 2200 workers disclosed the fact that at least 50 per cent suffered from bad, diseased and decayed teeth. Only a small proportion of these workers was able to get proper dentistry at moderate charges; many of them paid large prices for bad dental work, not realizing that the work being done on their mouths would hardly last until their bills were paid. Finally, at the suggestion of the labor leaders and at the request of the rank and file of the workers, this dental clinic was established on May 7, 1917. Up to January 1st, 958 patients had received 3,930 treatments. The clinic does all the ordinary work, including cleansing, extractions, filling, plates and X-ray. Bridges and crown work are discouraged as expensive and, in many instances, unsatisfactory.

The appointments are from 30 to 60 minutes each. The patients are charged the approximate cost of the work. For the first five months the basis of charge was \$1.50 an hour, extractions 50 cents each; partial and full plates were made for from \$5.00 to \$7.00 apiece. These charges, however, proved inadequate, so \$2.00 an hour is the present charge, except when more expensive material is used, the charge then being \$2.50 an hour. For conductive anesthesia \$1.00 is charged; 75 cents for a single X-ray and 50 cents for each additional one. For plate work the charge is \$12.00 to \$15.00 and up. These rates are about the same as those made by dentists to whom some of these patients would ordinarily go, but very much less than the average charge.

A study of the income and expenditures of the clinic shows that such a clinic should make at least \$200.00 a week to be absolutely self-supporting and that \$2.00 an hour is the least that can be charged for the work. The work of the first eight months has been considered a decided success, in spite of the fact that a slight deficit has been incurred. The problems are those which might face any group of public health workers planning the establishment of a similar clinic elsewhere, the chief one being to make the clinic self-supporting, with a slight surplus for additional expenditures. Another problem is the securing and maintaining of competent professional help. Good dentists were never more in demand than they are at present, and once the experience has been gained in a clinic of this sort, most dentists feel obliged to go into more remunerative positions. For the sake of the patients, young and inexperienced dentists without competent supervision, are undesirable and yet many clinics would be unable to secure anything else.

The educational work of the clinic has been inestimable. It has been difficult to persuade workers to discard fixed bridges and prominent, though unsightly gold crowns, and it has sometimes been equally difficult to teach them that slightly defective teeth should be cleansed and filled, not extracted or crowned. It has been very hard to teach the patients to keep their appointments, for the workers do not see the significance of a fixed appointment in the busy season, and in the dull season they have no money with which to pay for the work. As most of the workers are daytime employes, the evening appointments are the most popular. The workers need also to be educated up to the fact that good work cannot be cheap work, neither need it be unnecessarily conspicuous in its results. Having been trained to generations of poor dentistry, it will take more than eight months to teach the workers that invisible dental work is, in the long run, the most satisfactory as well as the most scientific and lasting.

In spite of these drawbacks and problems, the Union Dental Clinic is filling a long-felt want, it has done a bit of pioneer work in industrial dentistry that is being steadily appreciated by the people entitled to its benefits, and the sooner its methods are copied by other large unions throughout the country, the better off many of our trade union members will be. The report of this eight months' work can be obtained from the Joint Board of Sanitary Control, 31 Union Square, New York City, and should be very carefully read by anyone desiring an inexpensive but not entirely free dental clinic for adult patients.

ILLINOIS: CHICAGO.—Helen LaMalle (Mercy Hospital), for ten years staff nurse, school nurse, supervisor and registrar for the Visiting Nurse Association of Chicago, has been appointed one of the traveling supervisors in the nursing service of the Metropolitan Life Insurance Company. Her territory lies in Indiana, Ohio, Kentucky and Virginia and the many ex-visiting nurses in this territory will welcome her on her tour through these states. The staff of the Visiting Nurse Association gave Mrs. LaMalle a final dinner in the rooms of the College Club, and the supervisors had a dinner with her at the Chicago Nurses' Club, during which the reminiscences of ten years of service were very freely indulged in, much to the edification of the younger members of the staff.

The Elizabeth McCormick Memorial Fund, of which Mrs. Ira Couch Wood (former President of the Illinois Training School) is Director, is starting a child welfare campaign throughout the state of Illinois, in cooperation with the Woman's Committee of the State Council of Defense. She is sending out to every woman's club in the state a questionnaire regarding local child welfare conditions and asking if the town has a public health nurse, if it desires one, and what it will do to help the nurse if one is secured for the local work.

CALIFORNIA.—Estelle S. Edson (Hahnemann Hospital, Philadelphia), Tuberculosis Visiting Nurse for Sacramento, was made agent for Red Cross seals last December and as a result of a very spirited campaign, in which the newspapers gave most generously of their space, \$3,300 were taken in, as against \$881 the preceding year. The publicity work was uncommonly well done; not only were the meetings well written up but, almost daily, advertising space which would have cost local department stores a good round sum, was given to posters and to stories about Red Cross seals and the uses to which the money would be put.

MICHIGAN.—The Department of Public Health of Jackson has recently issued a little folder small enough to go into an ordinary envelope, on the subject of district nursing in communicable diseases.

Public health nurses working alone frequently wonder if they may safely care for infectious diseases and general cases. Local public opinion as well as the advice of the health commissioner is better in most instances than the practice of any other town. Nevertheless, this little folder from Jackson will help those nurses who cannot get local advice, but who are looked up to as authorities on all subjects pertaining to public health nursing, who will be commended if success crowns their efforts, and severely censured if criticism is possible.

DETROIT.—Detroit is offering for the first time, a very excellent course of lectures on the reconstruction of community life, arranged by the Associated Charities with the University of Michigan Extension Division. Mrs. Lystra E. Gretter, superintendent of the Visiting Nurse Association, is on the committee in charge of the lecture course, as well as on the Central Committee.

The request frequently comes to this Department for a program for county or local work for nurses working alone. In the Bulletin of the National Society for the Study and Prevention of Tuberculosis for October, 1917, is an excellent paper by Mary C. Nelson, former State Visiting Nurse of the Michigan Anti-Tuberculosis Association, entitled "A Program of County Work for State Visiting Nurses." This program, as its title would imply, is helpful to general as well as to tuberculosis visiting nurses. Copies of the bulletin can doubtless be obtained from the headquarters of the National Association, 105 East 22nd Street, New York City. Further mention of this paper will be made later.

MINNESOTA.—The Visiting Nurse Association of Minneapolis, for so long a subcommittee of the Associated Charities, has now become an independent organization, incorporated as the Visiting Nurse Association of Minneapolis. It is one of the more recent large associations in the country to organize an extended nursing service for people able to pay more than 50 cents or less a visit for its services. It is charging 75 cents for the first visit if the visit does not exceed one hour; a charge of 25 cents is made for each additional half hour or part thereof, a daily payment to the nurse being required. Associations which offer this service, originally made the mistake of offering an hour's service at a fixed rate; now they realize that fifteen minutes of skilled nursing service is sometimes quite as valuable as sixty minutes, and that the charge should be made accordingly. It is not the time spent, but the skill and intelligence bestowed upon the patient which, after all, is worth the fee involved.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

COÖPERATION BETWEEN HOSPITAL DEPARTMENTS AND THE TRAINING SCHOOL

BY ALICE SHEPARD GILMAN, R.N.

*Assistant Superintendent of Nurses, Rochester General Hospital,
Rochester, New York.*

Before attempting to discuss the many important phases of training school administration it is necessary to begin with a hearty, sincere coöperation of departments. It has been demonstrated very generally that the best efforts have often failed through ignorance or egotism on the part of heads of departments. There is no department in any hospital which is sufficient unto itself, it cannot reach its highest efficiency unless it coöperates to the fullest extent with every other department in the institution.

First of all, it is necessary to develop a common viewpoint. This may be brought about by bi-weekly or monthly meetings to discuss the general policies of the hospital, involving primarily the care of the patient, the training of the student nurse, supplies and equipment. It is entirely a perverted point of view to suppose that the training school stands out as a separate factor in hospital life. It is very largely dependent upon the heads of departments for its existence, and every individual who controls any separate unit in the organization should be made to feel that he or she is a teacher and has responsibilities to execute in the training of the student nurse besides a responsibility to the hospital board for the best possible results which may be obtained for the community.

Let us look at the effect produced upon the patient, as the first need of this coöperation. The patient comes to the hospital to receive the very best service it has to offer in exchange for money. The patient is entitled to courtesy, skill and such facilities as we possess which will add to his comfort. We are responsible to the patient for our existence. What have we to offer in exchange? Courtesy, proficient medical care, good nursing and mental and physical comfort. You will perhaps wonder why I have placed courtesy first, because that is the factor in which der why I have placed courtesy first, because that is the factor in which we are most lacking. We have often been so engrossed in the mechanical and scientific pursuits of our profession that we have neglected the patient, especially the ward patient, as a person. He has been a case upon which we were working for a definite result. This attitude has been so general in the complete personnel of our hospitals that the

impression has spread throughout the community, until we have unconsciously acquired the reputation of showing little concern whether the patient survived or succumbed, and until very recently we have not realized, nor could we conceive, how such an interpretation could have been put upon our care. The patient had a clean bed, good food and medical care, but we had not considered his mental needs.

This is not such a difficult problem if the entire working force of the hospital adopt a certain policy and carry it out systematically. It should begin with the admitting office and continue until the discharge of the patient. Make him feel that he is very welcome to the institution, that his arrival is of the utmost importance to you at that particular moment. When he arrives at the ward or private floor, meet him pleasantly, it requires but a reassuring word, and so on through each department. Unless this is universally carried out, you lose the result for which you are striving. Patients are impressionable and some hasty or harsh word in one department may undo the successful efforts of the others. This little attention to courtesy does not interrupt the carrying out of your duties, but it does make their completion much simpler. The patient acquires great confidence in the institution and in the people who are caring for him. This policy should radiate from the hospital telephone as well as through the many visitors who enter its doors. The hospital is maintained for the community, not the community for the hospital.

The nursing care is the next problem for consideration, as its service is entirely dependent upon the attitude of each department. Speaking from a purely administrative viewpoint, the training school administration should form the hub in a wheel with each department as a separate spoke. Now if there are several spokes weak, or entirely broken, the wheel's service is impaired, and this is exactly the condition which we must eradicate if possible. By departments I mean such as the operating rooms, maternity, communicable diseases, housekeeping, dietary, etc. These are all to a very large degree responsible for the training of the student nurse, who is again most largely responsible for the care and happiness of the patient. We cannot expect to get the best results if we place in charge of these departments women who are not especially trained for the particular work or who are not in sympathy with the nursing administration. It is a very unusual lay woman who can render the hospital proficient service and at the same time carry out the policies best adapted to the training school. Then first it would seem wise that, if at all feasible, women filling these positions should have had a nurse's training. This gives her a viewpoint from which to adjust her work. She sees not only the practical side but appreciates the teaching need as

well. This enables her to become a useful unit in a compact whole. In order to train our students properly they must pass through all departments of the hospital in a systematic manner, not here today and there tomorrow, getting that service and eliminating this as it is most convenient for the hospital. This is a teaching proposition and any hospital which assumes voluntarily this responsibility must carry it out to the letter. All work should be clearly outlined in each department to involve so many weeks or months, including a very definite amount of service. I realize that all departments are not exactly alike, but the routine duties of the entire hospital should be uniform.

In a large number of schools today a preliminary course is given, where a very definite technique is taught. Now, it is a very difficult thing to teach a method and to get that same detailed work a year later in the wards, unless there is a very close coöperation of heads. Therefore, let us say we must adopt a uniform method of procedure and a definite standard of work with which every head of a department is in sympathy. It is one thing to outline theoretically an ideal schedule of work as your policy and another to operate that schedule three hundred and sixty-five days in the year. Without coöperation, the effort is lost.

The great harm which results from lack of coöperation may be illustrated as follows: You may have in your operating rooms a woman of unusual ability, systematic, logical, open-minded, in possession of high ideals, and a teacher. Your student nurse completes her service and passes on to another special duty. She has developed a certain amount of system and accuracy and has attained professional ideals. In this next department the nurse in charge is a woman of little executive ability and lacks a broader viewpoint than the four walls of her department have afforded her, she resents the changes which scientific expansion make inevitable and endeavors to conduct her routine in the same manner as was formerly in vogue; she is out of harmony with the rest of the hospital. She consciously or unconsciously develops in the student nurse a feeling of irresponsibility for the procedures which are for the greatest good and advancement of the school and hospital, as well as for the standards which the administration is striving to attain. Thus one department counteracts the other, rather than both laying a foundation upon which the student nurse is to build in the future.

This leads us to the question, What type of woman shall we employ as the head of a department? That phase of administration will be taken up later on in discussing nursing personnel.

(To be continued)

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE CAUSE OF DEATH.—The *Journal of the American Medical Association* suggests in an editorial that the essential feature characterizing the death of the body as a whole may be the death of the respiratory centre. How is the failure of respiration brought about? Possibly by some poison acting on the respiratory centre. The effect of acids on this mechanism has been frequently investigated. An accurate examination of the blood in many persons at the time of death has shown a marked degree of acidosis. An excess of acid paralyzes the respiratory centre and brings about the fatal result.

ANTISCORBUTIC VALUE OF MILK.—Three women doctors publish in the *Lancet* the result of their investigations as to the value of milk in preventing scurvy. It may be classed among the so-called deficiency diseases, the result of several months of imperfect nutrition. The anti-scurvy vitamin in milk is destroyed rapidly by a high temperature and much diminished by heating or drying. Infants fed on condensed, or malted milk, or any milk substitute, should receive also as an antiscorbutic ration, orange or grape juice or potato. The latter is of value even when cooked.

POISON IN COSMETICS.—The Bureau of Standards at Washington has warned the public to be careful in the use of hair dyes, hair removers, rouges, and similar cosmetics because many of them contain poisonous ingredients. Hair removers are often corrosive in character and sometimes poisonous. Dyes used to blacken gray hair generally contain one or more of the salts of silver, lead, copper, iron, or bismuth and can cause serious poisoning when taken internally.

WAR RATION IN CAPSULE FORM.—The *Medical Record* says that food experts have worked out a war ration containing 2400 calories, which is compressed to about the size of a dog biscuit, sealed and water proofed, so that it can be carried in the soldier's pocket ready for emergency. With it goes a paraffined package of peanut butter. The weight of the ration is four ounces and it will form part of each man's equipment.

PREGNANCY AND PULMONARY TUBERCULOSIS.—A writer in the *Journal of the American Medical Association* states that it was estimated in 1913 that 32,000 tuberculous women became pregnant annually in the United States and between 44,000 and 48,000 women of child-bearing age die of tuberculosis every year. The same authority found that 33 per cent of tuberculous women who became pregnant

died in less than one year following labor. Dr. Osler quotes a statement to the effect that if a woman threatened with tuberculosis marries, she may bear the first accouchement well, the second with difficulty, the third never. The highest mortality occurs among primipara. It is a mistake to suppose that pregnancy exerts a favorable influence upon tuberculosis.

RADIUM EMANATION IN HAY FEVER.—A writer in the *Medical Record* reports two cases of hay fever treated with radium emanations, which have a marvelous regenerating power over cells, both animal and vegetable, of excessive nerve irritability, susceptible to the irritation caused by contact with pollens, etc., which are supposed to cause the disturbance known as hay fever. Through the radium emanations a remarkable uplift of nerve strength is developed and as a result the irritating matter no longer causes trouble, for the over-sensitive nerves have gained the needed tone to resist it.

HEADACHE AND ACETANILID.—The *Journal of the American Medical Association* says certain forms of headache yield more readily to a mixture of caffeine and acetanilid, or caffeine and acetphenetidin, than to either of the latter alone. Under supervision, a prescribed dose may be repeated at intervals of from two to four hours, if necessary to control pain. It should be remembered that when small doses fail to give relief, increase in the dose is useless. This fact is especially important and disregard or ignorance of it has been responsible for many cases of poisoning. It has been shown that the admixture of caffeine with acetanilid does not lessen the effect of the latter drug on the heart, so such mixtures must be used with special cautions.

EMERGENCY MEASURES IN HEPATIC COLIC.—The *Medical Record* quotes the following measures as affording relief in the agonizing pain of hepatic colic. A hypodermic of $\frac{1}{4}$ to $\frac{1}{3}$ of morphine combined with atropine. Chloroform affords complete relief, allowing the passage of the stone through the orifice of Vater, due to the relaxation of the muscles. In mild attacks a large hot poultice, or hot pack, or stupe may be placed over the liver, but a bath in hot water is even better—105 to 110 degrees Fahrenheit, together with copious draughts of hot water in which bicarbonate of sodium and sodium salicylate, 20 grains, have been added to each pint. Olive oil in doses of five to six ounces, combined with a tablespoonful of whiskey, or brandy, and five drops of oil of peppermint may give relief. Fifteen ounces of the warm oil may also be injected into the rectum. In the after treatment, four to eight-ounce doses of the oil may be given on an empty stomach.

PLANS FOR REHABILITATION OF THE DISABLED.—It is stated that comprehensive plans for the vocational training of disabled soldiers

and sailors as well as of civilians employed by private firms, have been outlined in a report of the Federal Board for Vocational Training recently submitted, and an appropriation of \$10,000,000 has been asked. It is calculated that 100,000 men will be disabled during the first year of the war, of which number 20,000 will require total or partial re-education. The Canadian estimate shows that ten per cent of the men sent overseas return physically unfit for military duty.

PASSING AN OPEN SAFETY PIN.—A case is reported in the *Journal of the American Medical Association* of a baby eight months old who swallowed an open safety pin an inch and a half long and passed it in ninety-six hours—four days. A roentgenogram, taken at the request of the attending physician, showed the pin in the stomach. Thirty-six hours later, the pin being in the same position, an operation was advised, as it was thought the open end could not pass the pylorus. At the end of fifty-two hours, after the operating room had been made ready, a final roentgenogram was taken and it was seen that the pin had passed from the stomach. By means of the fluoroscope its progress through the intestine was watched until it was finally voided.

DRESSINGS THAT DO NOT TOUCH THE WOUND.—A new method of wound dressing adopted by French surgeons is to cover the wound with a wire netting, moulded to fit over the area, the edge resting on a small roll of absorbent cotton, the whole held in place with adhesive plaster. The irrigating tubes do not touch the wound and the fluids run off into a waterproof bag. Compresses placed on the wire netting protect the wound from dust. Dressings are seldom changed because the irrigation keeps the wound in good condition and it can be inspected by raising the outer dressings. This method permits the use of heliotherapy, or any other manner of treatment. The resulting cicatrix is supple and comfortable.

FACTS ABOUT MEAT.—In a very interesting article on food in the *Medical Record* it is stated that accurate investigations have demonstrated that many if not most of the general customs in the preparation of food are based upon rational physiological principles, although the customs may have been empirically established. For instance, it is a well known fact that keeping many meats for some time before they are eaten is essential to make them tender and high-flavored. Recent investigations have shown that this result is caused by a natural, partial, predigestion of the meats. The ferments present in the tissues, if time is given them, carry out a partial autodigestive or autolytic process, which softens the meat, and substances formed in this process heighten the flavor.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The twenty-first annual convention of the American Nurses' Association will be held in Cleveland, Ohio, May 7 through 11, 1918. Headquarters, The Hollenden. An important meeting of the Advisory Council will be held on Monday afternoon, May 6, which all state presidents are urged to attend. The convention programme will be published in the April JOURNAL. It is to be devoted as far as possible to topics related to the war emergency. All unnecessary expenses connected with the convention will be eliminated. There will be no badges, no formal entertainments, no advance programmes, but the papers and discussions promise to be of unusual interest.

HOTELS

The following hotels are recommended by the Committee of Arrangements, the rates quoted do not include meals:

Name	Single room with bath	Double room with bath	Without bath
The Hollenden	\$2.00 to \$5.00	\$3.00 to \$ 6.00	
Hotel Statler	2.50 to 6.00	4.00 to 10.00	
Hotel Olmstead	1.50 to 3.00	3.00 to 4.00	
Hotel Euclid	2.50 and up	3.50 and up	\$1.50 and up
Colonial Hotel			2.00 and up
Hotel Winton	2.50 to 5.00		2.00 and up

Some of these hotels have rooms at lesser rates with shower bath, only, or with toilet only, or for several in a room. The first three have no rooms without baths. Application should be made directly to the hotel management. Delegates wishing to secure boarding places, not in a hotel, should write to the chairman of the Committee of Arrangements, Alma C. Hogle, Huron Road Hospital, Cleveland.

TICKET OF NOMINATIONS

FOR PRESIDENT

Clara D. Noyes, Washington, D. C.
Second nomination from the floor.

FOR FIRST VICE PRESIDENT

Susan C. Francis, Philadelphia, Pa.
Louise Perrin, Denver, Colo.

FOR SECOND VICE PRESIDENT

Elsie M. Lawler, Baltimore, Md.
Sarah E. Sly, Detroit, Mich.

FOR SECRETARY

Katharine DeWitt, Rochester, N. Y.
Second nomination from the floor.

FOR TREASURER

Mrs. C. V. Twiss, New York, N. Y. Second nomination from the floor.

FOR DIRECTORS, 1918-1922

Jane A. Delano, Washington, D. C.
Agnes G. Deans, Washington, D. C.
Anna C. Jamme, Sacramento, Cal.
Mrs. Jessie MacDonald, Chicago, Ill.
Stella S. Matthews, Milwaukee, Wis.
Mary M. Riddle, Newton Lower Falls, Mass.

FOR DIRECTORS, 1919-1920

Ella Phillips Crandall, Washington, D. C.
Adda Eldredge, Rochester, N. Y.
Annie W. Goodrich, Washington, D. C.
Retta Johnson, Houston, Tex.
Mary M. Roberts, Cleveland, Ohio.
Isabel M. Stewart, New York, N. Y.

NOTICE REGARDING DUES

As the fiscal year of the American Nurses' Association, formerly April 30th to December 31st, has been changed to the calendar year (January 1st to December 31st), it was decided at the meeting held in January by the Board of Directors that the Associations should at this time pay dues for the eight months or two-thirds of a year (from April 30th, 1918, to December 31st, 1918). For convenience, Alumnae Associations can reckon at 10 cents per capita, the result will be the same. Kindly send cheque for the time, April 30th, 1918 to December 31st, 1918, to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City.

NURSES' RELIEF FUND FOR FEBRUARY, 1918

Receipts

Previously acknowledged	\$2,614.63
Interest on bonds	45.00
The Jackson Sanatorium Nurses' Alumnae Association, Mich.....	25.00
Ella Trichler, Altoona, Kansas	5.00
Nurses' Alumnae, Western Pennsylvania Hospital, Pittsburgh, Pa....	25.00
Mrs. Janette F. Peterson, Chairman, California State Nurses' Association	54.50
Anna Haddon, Orange, N. J.	1.00
Nebraska State Nurses' Association	20.00
Individual members, Woman's Hospital Alumnae, Philadelphia, Pa....	8.00
The Hahnemann Hospital Alumnae Association, Philadelphia, Pa....	15.00
The Nurses' Registry Association, Colorado Springs, Colo.	10.00
Alumnae Association of the Illinois Training School, Chicago.....	25.00
Charity Hospital Alumnae Association, Cleveland, Ohio	25.00
C. A. Evans, Cleveland, Ohio	2.50
	<hr/>
	\$2,875.63

Disbursements

Application approved, No. 1, 37th payment	\$ 5.00
Application approved, No. 2, 26th payment	5.00
Application approved, No. 6, 22nd payment	15.00
Application approved, No. 7, 16th payment	15.00
Application approved, No. 11, 13th payment	20.00
Application approved, No. 12, 11th payment	10.00
Application approved, No. 13, 2nd payment	15.00
E. Elizabeth Golding, Chairman, postage, filing case, stenographer	5.00 90.00
	<hr/>
	\$2,785.63
13 bonds par value	13,000.00
2 certificates of stock	2,000.00
4 Liberty Bonds	4,000.00
	<hr/>
Total, March 1	\$21,785.63

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. Elizabeth Golding, Chairman, 132 East 45th Street, New York City.

M. LOUISE TWISS, Treasurer.

\$21,785.63
V. Twiss,
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York City.
asurer.

STATE	Registered Nurses	Red Cross	Graduates not Registered Nurses	ACCREDITED SCHOOLS				NOT ACCREDITED SCHOOLS				No. not to be supplied 1917-18
				Number of Accredited Schools	People Enrolled	Graduates in 1916	People Enrolled Fall '17	Number not Accredited	People Enrolled	Graduates in 1916	People Enrolled Fall '17	
Ala.	740	64	5	14	354	101	103	7	50	11	11	11
Ark.	600	45	10	17	303	50	48	None	None			
Cal.	3167	1017	671	73	2789	729	1351	None	54			
Conn.	1360	339	694	31	1084	939	905	6	54	17	49	72
Del.	313	16	67		50	14		1	20			
Fla.	685	251	177	11	503	141	161	2	90	9	5	4
Ga.	360	40	7	9	173	57	74					
Iowa	807	148	7	35	316	100	160	1	11			
Ill.	73	20	39	4	74	8	34	2	49	15	4	13
Ind.	3249	305	1537	78	3037	831	971	99	900	103	68	34
Iowa	1750	170	369	32	894	219	315	2	98	4	27	34
Kan.	1238	67	306	34	1379	308	357	233	21	24	7	16
Ky.	1174	150		30	347	143	76	None				
La.	887	138	5	10	100	104	29	None				
Me.	632	107	243	21	384	139	134	8	13	8	0	32
Mass.	664	210	170	22	848	253	363	4	36	50	90	30
Mich.	4512	662	1703	83	1413	1136	730	97	620	538	123	213
Minn.	2562	471	337	50	1673	264	489	40	27	30	7	19
Miss.	1433	270	744	40	1673	437	508	10	100	59	18	133
Mo.	430	8		22	133	37	37	None				
N.H.	1200	432	191	36	1217	313	292	40	100	13	30	30
N.J.	692	54	30	13	241	57	97	6	70	1	15	11
Neb.	3278	200		30	584	151	64	8	46	11	42	44
N.H.	767	35	82	21	374	96	70	27	30	1	11	11
N.Y.	11800			39	928	328		40	10	40	30	30
N.C.	10070	2235	6130	145	5630	1614	1700	98	382	167	180	220
N.C.	1938	66	116	23	430	93	168	20	120	16	44	161
N.D.	388	112	15	7	130	31	31	7	46	6	20	11

NOTICE REGARDING DUES

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NURSES'

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M. LOUISE TWISS, Treasurer.

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United States
1918

Tabulated Report
Made by the

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M. LOUISE TWISS, Treasurer.

Tabulated Report of the Survey of the Nursing Resources of the United States Made by the American Nurses' Association, from July, 1917 to March, 1918

STATE	Registered Nurses	Red Cross	Graduates not Registered Nurses	ACCREDITED SCHOOLS					NOT ACCREDITED SCHOOLS				
				Number of Accredited Schools	Pupils Enrolled	Graduates in 1918	Pupils Enrolled Fall '17	No. can be enrolled '17-'18	Number not Accredited	Pupils Enrolled	Graduates in 1918	Pupils enrolled in Fall '17	No. can be enrolled '17-'18
Ala.	746	64	5	14	354	101	101	101	7	50	11	11	11
Ark.	600	45	10	17	202	50	49	108	None	-----	-----	-----	-----
Cal.	2787	1047	871	72	2769	770	1361	1500	None	-----	-----	-----	-----
Conn.	1386	229	894	21	1084	269	205	522	6	54	17	40	72
Del.	213	16	6?	-----	60	14	-----	90	1	-----	-----	-----	-----
D. C.	605	251	177	11	503	141	161	223	3	20	9	5	8
Fla.	368	40	?	9	173	57	79	91	-----	-----	-----	-----	-----
Ga.	807	148	?	35	316	100	109	127	1	-----	-----	-----	-----
Idaho	73	20	39	4	72	8	32	41	2	16	3	4	13
Ill.	3249	-----	1547	78	3007	831	971	-----	90	399	143	65	-----
Ind.	1750	305	300	32	893	210	215	529	9	88	4	27	84
Iowa	1238	170	396	341	1370	398	352	775	33	21	21	7	25
Kan.	1174	67	-----	34	535	143	76	98	None	-----	-----	-----	-----
Ky.	683	159	-----	20	347	118	127	-----	None	-----	-----	-----	-----
La.	887	138	5	10	400	104	92	104	2	-----	-----	-----	-----
Me.	832	107	223	21	395	139	134	215	5	19	3	0	12
Md.	864	219	176	22	848	250	363	363	5	50	24	26	26
Mass.	4942	892	1760	85	4413	1136	750	1648	37	620	156	121	223
Mich.	2762	471	357	50	1673	264	480	665	5	67	38	7	17
Minn.	1455	270	744	40	1676	437	509	860	11	208	59	63	115
Miss.	450	8	-----	22*	153	37	57	68	-----	-----	-----	-----	-----
Mo.	1500	452	191	36	1217	313	292	809	8	109	15	53	89
Mont.	697	54	30	13	261	57	97	320	3	21	9	3	21
Neb.	1276	200	-----	30	584	151	64	177	5	68	0	42	45
N. H.	707	35	82	21	374	98	70	113	2	28	2	3	3
N. J.	1900	-----	-----	39	928	328	-----	535	8	61	28	-----	32
N. Y.	10471	2535	6110	146	5630	1614	1761	3349	38	582	187	158	276
N. C.	939	66	116	23	430	93	185	229	29	233	55	84	161
N. D.	388	113	15	7	130	33	51	100	8	168	66	72	147
Ohio	4542	711	-----	60	1953	599	887	196	25	310	70	166	273
Okla.	722	36	0	21	294	42?	123	262	5	-----	-----	-----	-----
Ore.	804	125	-----	16	370	70	70	-----	5	-----	-----	-----	-----
Pa.	4980	1534	2033	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
R. I.	929	299	62	8	350	119	155	220	4	39	10	10	20
S. C.	408	52	87	27	308	74	85	188	-----	-----	-----	-----	-----
S. D.	346	40	144	13	230	66	94	175	3	16	7	6	21
Tenn.	521	85	57	11	382	24	60	133	-----	-----	-----	-----	-----
Tex.	1850	160	100?	50	1140	226	371	1200	None	-----	-----	-----	-----
Utah	318	55	24?	7	251	72	108	-----	None on record	-----	-----	-----	-----
Vt.	588	27	179	3	105	30	26	55	9	102	46	38	100
Va.	893	200	93	38	834	211	222	365	19	30	10	7	16

Me.	832	107	223	21	395	139	134	215	5	15	24	26	26	26
Md.	864	219	176	22	848	250	363	363	5	50	24	26	121	223
Mass.	4942	892	1760	85	4413	1136	750	1648	37	620	156	7	63	115
Mich.	2762	471	357	50	1673	264	480	665	5	67	38	7	63	115
Minn.	1455	270	744	40	1676	437	509	860	11	208	59	63	63	115
Miss.	450	8	-----	22*	153	37	57	68	-----	-----	-----	-----	-----	-----
Mo.	1500	452	191	36	1217	313	292	809	8	109	15	53	53	89
Mont.	697	54	30	13	261	57	97	320	3	21	9	3	3	21
Neb.	1276	200	-----	30	584	151	64	177	5	68	0	42	42	45
N.H.	707	35	82	21	374	98	70	113	2	28	2	3	3	3
N.J.	1900	-----	-----	39	928	328	-----	535	8	61	28	-----	-----	32
N.Y.	10471	2535	6110	146	5630	1614	1761	3349	38	582	187	158	158	276
N.C.	939	66	116	23	430	93	185	229	29	233	55	84	84	161
N.D.	388	113	15	7	130	33	51	100	8	168	66	72	72	147
Ohio	4542	711	-----	60	1953	599	887	196	25	310	70	166	166	273
Okla.	722	36	0	21	294	42 ?	123	262	5	-----	-----	-----	-----	-----
Ore.	804	125	-----	16	370	70	70	-----	5	-----	-----	-----	-----	-----
Pa.	4980	1534	2033	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
R.I.	929	299	62	8	350	119	155	220	4	39	10	10	10	20
S.C.	408	52	87	27	308	74	85	188	-----	-----	-----	-----	-----	-----
S.D.	346	40	144	13	230	66	94	175	3	16	7	6	6	21
Tenn.	521	85	57	11	382	24	60	133	-----	-----	-----	-----	-----	-----
Tex.	1850	160	100 ?	50	1140	226	371	1200	None	-----	-----	-----	-----	-----
Utah	318	55	24 ?	7	251	72	108	-----	Note on record	-----	-----	-----	-----	-----

Pa.	4980	1534	2033	8	350	119	155	220	4	39	10	10	20
R. I.	929	299	62	27	308	74	85	188	-----	-----	-----	-----	-----
S. C.	408	52	87	13	230	66	94	175	3	16	7	6	21
S. D.	346	40	144	11	382	24	60	133	-----	-----	-----	-----	-----
Tenn.	521	85	57	50	1140	226	371	1200	None	-----	-----	-----	-----
Tex.	1850	160	100?	7	251	72	108	-----	None on record	-----	-----	-----	-----
Utah	318	55	24?	3	105	30	26	55	9	102	46	38	100
Vt.	588	27	179	38	834	211	222	365	19	30	10	7	16
Va.	893	200	93	22	605	192	175	272	10	92	40	34	53
Wash.	668	176	174	16	339	-----	102	87-131	19	96	-----	24	43-86
W. Va.	930	116	-----	28	814	210	170	342	5	66	13	10	30
Wis.	1094	272	333	6	56	10	-----	-----	None	-----	-----	-----	-----
Wyo.	-----	9	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

*Statistics from only 14.

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MEMBERS OF THE NATIONAL LEAGUE OF NURSING EDUCATION

To keep an accurate directory of the members of the National League of Nursing Education is a most difficult task since the members are constantly moving from place to place and fail to keep the Secretary informed. It is not until some one suddenly realizes that she has not received her annual report that she remembers to write and tell the Secretary that she has changed her address. This year an unusual number of letters and some reports have been returned. The Secretary, therefore, takes this opportunity to remind the members that it would help to keep the League machinery in better running order if members would immediately report any change of address.

There are still a number of back reports, after 1907, available, which will be sold at cost price. The early numbers, however, are entirely out of print and it was suggested that some of the members might have duplicate copies in their files. Many libraries connected with educational institutions are desirous of obtaining complete files of the proceedings of the National League of Nursing Education and copies contributed by members can be used for this purpose, if sent to the Secretary.

The curriculum for training schools prepared by the Education Committee of the National League is now available and copies will be sent out upon receipt of \$1.00 for cloth and 80 cents for paper binding. Make money order or check payable to National League of Nursing Education, and order through the Secretary.

May we take this opportunity of reminding the State and Local Leagues that a great responsibility in the present crisis rests upon each organization to meet the needs of our country. To supply an adequate nursing force for military and civil necessity is our burden and privilege. Through the active local leagues a great deal can be accomplished, and each unit must do its part to stimulate recruiting in its own locality, and make provision for the training and education of a much larger group of women desirous of entering the profession.

If there is not a State League established in your section please organize and apply to the Secretary of the National League for a copy of a suggested constitution and by-laws, and any further help you may need, and when organized affiliate with the National Organization, that all may work upon the same lines of procedure and each be kept in touch with the other.

E. J. TAYLOR,

Secretary National League of Nursing Education.

ARMY NURSE CORPS

Appointments.—Beatrice T. Michael, Helen S. Greene, Ethel M. DeGarmo, Anna T. Johnson, assigned to duty at Aviation Concentration Camp, State Fair Grounds, Dallas, Tex. Harriet A. Beach, Ida Rubin, May D. Ryan, Susan Turner-Roe, Sadie S. Grossman, assigned to duty at U. S. Army General Hospital, Fort Bayard, New Mex. Nellie B. Hughes, assigned to duty at U. S. Army Base Hospital, Camp Beauregard, Alexandria, La. Mildred A. Knapp, Elizabeth Young, Nola L. Lepley, assigned to U. S. Army Base Hospital No. 2, Fort Bliss, Tex. Ellen Oliver, assigned to U. S. Army Base Hospital, Camp Cody, Deming, N. Mex. Bernice A. Guthrie, Dorothy C. Sieburg, assigned to duty to U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich. Norma M. Chapman, Murl Ellan Wann, Margaret B. Angus, Dell M. Murphy, Clara E. Holland, Lucy H. Madden, assigned to duty at U. S. Army Base Hospital, Camp Devens, Ayer, Mass. Lelas V. Keene, Ethel M. Grafton, Emma E. Jones, Elmira L. Ferguson, Carolyn R. Coe, Winifred N. Rose, Mabel G. Black, Cassie DuBois Sykes, Helen G. Murphy,

Elizabeth J. LePeer, Ida Goldberg, Effie M. Davidson, Amelia S. Wheeler, Catherine A. Kerr, Mary Welsh, Clara Baker, Catherine C. McQuade, B. Margaret Bitzer, Louretta M. Quinn, assigned to duty at U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J. Hattie F. May, Clara B. McReynolds, assigned to duty at U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla. Margaret Cameron, Johnsoe B. Hunter, assigned to duty at Camp Hospital, Douglas, Ariz. C. Jeanette Oswald, Mary A. Mockler, Ora Duchesneau, assigned to duty at U. S. Army Base Hospital, Wilbur Wright Field, Fairfield, Ohio. Anna C. Boyle, Frances M. Layton, assigned to duty at U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal. Florence B. Tobin, Ada M. Harper, assigned to U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga. Cora K. Griffen, Grace Brown, Martha E. Erickson, Catherine R. Cooper, assigned to duty at U. S. Army Base Hospital, Camp Grant, Rockford, Ill. Mildred L. Smith, Ethel A. Fitch, Margaret A. King, Minnie H. Morgan, assigned to duty at U. S. Army Base Hospital, Camp Hancock, Augusta, Ga. Effa M. E. Johnson, Mabel B. Wright, Addie L. Grimes, Fannie E. Lockwood, Florence V. Armstrong, assigned to duty at U. S. Army Base Hospital, Camp Jackson, Columbia, S. C. Anna M. Brooks, Ella J. Mackenzie, Ruth Y. DeCoteau, assigned to duty at U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla. Theo S. Bennett, Lois M. Oxby, Maude Bryson, Elizabeth Munro, Eleanor M. Bradfield, Beatrice A. Frasche, Minnie L. Babcock, assigned to duty at U. S. Army Base Hospital, Camp Kearney, Cal. Julia C. Driscoll, Caroline S. Smawley, Julia M. Sutton, Nora T. Burke, Evelyn Raymond, Martha F. McGreevy, Mary F. Ryan, Mrs. Viola E. Clark, Helen M. F. Lincoln, Julia V. Carey, Julia MacAuliffe, Estelle Bennett, Ruth A. Patten, Margaret H. Conlon, M. Frances Dirreen, Ethel Roe, Mary E. Wade, Mae Coates, Elizabeth B. Johnston, Ida M. Howard, Crystal A. Thomas, Jennie M. Roberts, Christina C. MacLaughlin, Pearl Hostrander, Edna R. Woolever, Margaret Hopkin, assigned to duty at U. S. Army General Hospital No. 9, Lakewood, N. J. Amanda J. Jarvis, assigned to U. S. Army Base Hospital, Camp Lee, Petersburg, Va. Martha Gravdal, Ora A. Arnold, Helen R. Chalmers, Margaret McD. Campbell, Gail Langworthy, assigned to U. S. Army Base Hospital, Camp Lewis, American Lake, Wash. Mabel T. Roberts, Arlillie B. Pigman, E. Winnette Jones, Mary A. Finch, A. Grace Borgen, Nina May Fish, assigned to duty at U. S. Army Base Hospital, Camp Logan, Houston, Tex. Nellie E. Kendrick, Elsie V. Alger, Loueva Erle, Dorathea Jenkel, assigned to duty at U. S. Army Base Hospital, Camp McArthur, Waco, Tex. Catherine A. Lee, assigned to duty at U. S. Army General Hospital No. 2, Fort McHenry, Md. Grace E. Hill, Jean R. Henderson, assigned to U. S. Army General Hospital, No. 6, Fort McPherson, Ga. Mazie Jones, Florence S. Brigham, Katherine A. Claire, Amy Tinney, Joanna E. Meehan, assigned to U. S. Army Base Hospital, Camp Meade, Admiral, Md. Jessie M. Boyd, Eva C. Keyes, Llewellyn Zoll, Martha G. Zimmer, assigned to duty at U. S. Army Base Hospital, Camp Merritt, N. J. Elizabeth E. Eckert, Gertrude M. Eckenroth, Anne McNulty, Katherine I. Neavling, Alice T. Winn, Martha I. Kelly, assigned to U. S. Army Post Hospital, Fort Monroe, Va. Margaret E. LaVelle, Dora E. Warner, Doris N. Cutler, assigned to U. S. Army General Hospital No. 1, New York, N. Y. Marie L. Geganheimer, Jane M. Gallagher, Annie S. Russell, Nannie A. Bryce, Ella M. Burns, Ethelyn S. Everman, Eleanor E. Moriarty, Marion L. Yost, Kathryn B. Cooney, Georgiana M. Smith, Lillian N. Fertig, Lulu C. Smith, Clara E. Robey, assigned to U. S. Army Post Hospital, Fort Oglethorpe, Ga. Grace B. Lally, Flora M. Ruth, Teresa E. Roche, Lorane Teele, Joan B. Ray, Myrtle O. Cedar, Mrs. Fannie B. Warren, Carrie Almeda Harrison, assigned to

U. S. Army Base Hospital, Camp Pike, Little Rock, Ark. Helen T. Hayden, Honora I. Vink, Freda M. Johnson, Kathryn Graham, Edith M. King, Elsie M. Freed, Effie Barnett, Martha E. Kammerer, Della Anderson, Victoria S. Lahr, Anna I. Olson, Lillian H. M. Porter, Hazel D. Stephenson, Elizabeth M. Shannon, Dora C. Hegdal, Frances E. Speller, Julia D. Vleek, Margaret Holmes, assigned to duty at U. S. Army Base Hospital, Fort Riley, Kan. Lillian H. Stoveho, Clara J. Tweten, assigned to duty at U. S. Army Base Hospital, Fort Logan H. Roots, Little Rock, Ark. Ruth Bennett, Lillian Matson, Irma B. Dale, Marie J. McCarthy, Mathilde I. Council, Marie Marquez, Ella Yeager, Helen C. Cahill, Gertrude E. Walsh, assigned to U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex. Mary Ferdinand, Tilda A. Thorkelson, Florence J. Ede, Anna G. Sullivan, Arelyne Quackenbush, Mable C. Porter, assigned to Letterman General Hospital, San Francisco, Cal. Iva P. Rees, Sara V. Burkert, Mary A. Kelly, Minnie R. Fritz, Eleanor Griffin, assigned to duty at U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss. Margaret Chaffin, Lina Reinhardt, Ella M. Miller, Mayme A. Peck, Mary T. Kiley, Lilla J. Burke, Elizabeth Lewis, assigned to U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio. Kathleen O'Driscoll, Rose M. Gagne, assigned to duty at U. S. Army Post Hospital, Fort Sill, Okla. Mary Miller, Lorinda S. Wolford, Juanita Humphrey, Mary A. Lappan, Ruby P. Davis, assigned to U. S. Army Base Hospital, Camp Stuart, Newport News, Va. Annie E. Griswold, Jane Johnston, Renna E. Colgrave, Margaret E. Thompson, Anna M. McCutcheon, Genevieve Bergeson, Lucy M. Taylor, Justine M. Feustle, Rose M. Rourke, Pluma M. Deane, Anna E. Kling, Anna Brennan, Eliza Smith, Marguerite Guilbault, assigned to duty at U. S. Army Base Hospital, Camp Taylor, Louisville, Ky. Mildred A. Carr, Elizabeth M. Fetzman, Delia V. Kilgallon, Eliza M. Coates, Nellie M. Murphy, M. Abigail Hibbard, Scythia Barron, Cora G. Taylor, Frances I. Goddeau, Madeleine L. Hartley, Mae M. Phair, Mildred J. Banker, Josephine V. Bruen, Mary E. Callahan, Lucy E. Montgomery, Minnie B. Kennedy, assigned to U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y. Edith L. Kengsley, Ethel G. Hartling, Laura B. Owens, Margaret G. Robertson, assigned to U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C. Margharita D. Duke, Ellen A. Reilly, Cora E. Piper, Larieon Everly, Anna G. Vatcher, Nettie MacMillan, May L. Ewing, Nellie Diamond, Mathild P. Wilke, Helen R. O'Connell, Grace N. Howard, Jessie MacNay, Louise Mellies, Anne McL. Curl, Anna G. McGrady, Ruth S. Eaton, Edith MacDonald, Ella M. Williams, Cazenove L. Miller, Willie Mitchell, Marie L. Bisson, Mary E. Dee, Della V. Cassidy, Anna M. Stewart, Ruth Crowther, Annie B. Mallory, Marion A. Morris, Elizabeth G. Collins, Gertrude H. Huen, Mary T. Kane, Mary L. Whitney, assigned to Walter Reed General, Takoma Park, D. C. Jane Sherwood, Rose M. Flynn, Grace F. Harris, Ethel R. Jardella, Margaret C. Thompson, Selma W. Suharoff, Helen Robinson, Christine L. Harvey, Mary E. Higgins, Victoria Ibbotson, Helen H. Trimpi, Glenna L. Bigelow, Lily M. Mackay, Laura B. Lawrence, Edna V. Campbell, Helen A. Fritz, assigned to duty at U. S. Army Base Hospital No. 116 (service in Europe). Frances L. Conlin, assigned to duty at U. S. Army Base Hospital No. 117 (service in Europe).

Transfers.—To U. S. Army General Hospital, Fort Bayard, N. Mex.: Grace A. Sherman. To U. S. Army Post Hospital, Wilbur Wright Field, Fairfield, Ohio: Arvilla Hankemeyer, with assignment to duty as chief nurse. To U. S. Army Post Hospital, Vancouver Barracks, Wash.: Alice M. Tappan, with assignment to duty as chief nurse, Frances Nordquist, Katherine E. Kingman, Alice E. Stenholm, Elizabeth Eby, Lemo Oliver. To U. S. Army General Hospital No. 13,

Dansville, N. Y.: Mary E. Jordan, with assignment to duty as chief nurse, Lula M. Gerding. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Julia C. Driscoll, Elizabeth S. Hunt, Elizabeth B. Johnston, Mary E. Wade, Addie E. Maulding. To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Marion A. Rankin, Estelle Bennett. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Viola Clark, Carolina S. Smawley, Helen M. Lincoln, Crystal A. Thomas. To U. S. Army Base Hospital, Camp McArthur, Waco, Tex.: Nora T. Burke, Mary F. Ryan, Evelyn Raymond, Martha V. McCreevy, Julia V. Carey, Mae Coates, Elizabeth M. Carlon, Julia M. Sutton. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Ruth A. Patten, Ethel Regsted, Alice Jennings, Ethyl Roe, Mary E. Ray. To U. S. Army General Hospital No. 4, Fort Porter, N. Y.: Mrs. Lylian K. Blank, M. Francese Dirrean, Julia McAuliff. To U. S. Army Post Hospital, Fort Logan, Col.: Mary C. Butz, with assignment to duty as chief nurse, Cora E. Piper. To U. S. Army Post Hospital, Fort Thomas, Ky.: Katherine F. Crowley, with assignment to duty as chief nurse. To U. S. Army General Hospital, Markleton, Pa.: Ila Broadus, with assignment to duty as chief nurse. To Jeffersonville Quartermaster Depot, Jeffersonville, Ind.: Maud Bowman, with assignment to duty as chief nurse, Margarita D. Duke. To Department Hospital, Honolulu, H. T.: Ada L. Klaiber, Florence Ede. To U. S. Army General Hospital No. 19, Fort Logan H. Roots, Little Rock, Ark.: Elida E. Raffensperger, with assignment to duty as chief nurse, Mary A. Doherty, Larieon Everly, Minnie E. Hartling, Carrie Mitchell, Mary I. Oldham, Ellen A. Reilly, Marion W. Silloway. To Department Hospital, Manila, P. I.: Hazel Goldsmith, Daisy P. Jones. To U. S. Army Post Hospital, Fort Omaha, Nebr.: Etta M. Staub, with assignment to duty as chief nurse, Julia deNave. To U. S. Army Base Hospital, No. 1, Fort Sam Houston, Tex.: Marsley Buckley, with assignment to duty as chief nurse. To Scott Field, Belleville, Ill.: Margaret J. Stevenson, with assignment to duty as temporary chief nurse. To Love Field, Dallas, Tex.: Mary L. Carney, with assignment to duty as temporary chief nurse. To Taliaferro Field No. 2, Everman, Tex.: Katherine D. Flynn, with assignment as temporary chief nurse. To Hazelhurst Field, Mineola, Long Island, N. Y.: Helen D. Young, with assignment to duty as temporary chief nurse. To Taliaferro Field No. 3, Benbrook, Tex.: Eliza M. Weaverling, with assignment to duty as temporary chief nurse. To Park Field, Millington, Tenn.: Mrs. Bertha M. Kieft, with assignment to duty as temporary chief nurse. To Ellington Field, Houston, Tex.: Amelia J. Valentine, with assignment to duty as temporary chief nurse. To Chanute Field, Rantoul, Ill.: Sue Austin Wilson, with assignment to duty as temporary chief nurse. To Rich Field, Waco, Tex.: Clara G. Calderwood, with assignment to duty as temporary chief nurse. To Call Field, Wichita Falls, Tex.: Pauline J. Paulson, with assignment to duty as temporary chief nurse. To Kelly Field No. 2, South San Antonio, Tex.: Maibelle Atkinson, with assignment to duty as temporary chief nurse. To U. S. Army Base Hospital No. 117 (service in Europe): Helen F. Addis, Gertrude F. Berry, Irene M. LePoidevin. To U. S. Army Base Hospital No. 116 (service in Europe): Sophy M. Burns, with assignment to duty as chief nurse, Rose E. Fitzgerald, Elizabeth M. Jones, Emelina J. Renand, Vesta Skaggs, Effie M. Whyte, Agnes F. James, Verna M. Smith, Florence C. Daley. From Walter Reed General Hospital, Takoma Park, D. C., to the Surgeon General's office, Washington, D. C.: Bessie E. Cowdery, with assignment to duty for Physical Welfare Work. To the State War and Navy Building, Washington, D. C.: P. Blanche Porter, with assignment to duty for Physical Welfare Work. To the Attending Surgeon's office, Washington, D. C.: Stella B. Bartlett.

Discharges.—Annie M. Halligan, Kathleen McGinnity, Katherine T. Sullivan, Edith I. Barlow, Marie Haer, Mary M. Moran.

RESERVE NURSES—ARMY NURSE CORPS

Assignments.—To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.: Jennie E. Kendrick, Alma M. Smith, Mary R. Vandiver, Julia A. Walton, Bessie M. Brewer, Susie A. Taylor, Victoria A. Bush, Minnye Perkins, Nena T. Self, Ethel Tull, Helen E. Laubry, Nannie G. Sibley, Mary L. Valentine, Ella W. Dresser, Helen A. Gallagher, Rose A. Neiser, Olive R. McGlashan, Marie F. Conrard, Julia Rosenbaum, Minnie Shultz, Lillian C. MacAdam, Mayme R. Pyle, Hilda G. Hauss, Estella Moore, Jessie C. Irion, Daisy R. Giles. To U. S. Army Base Hospital No. 2, Fort Bliss, Tex.: Roberta M. Ryan. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Edith E. Mitchell, Nanette M. Wickenden, Marie B. Vandergon, Helen Bell, Rose Eilmann, Bertha Thulon, Frances Ewell, Bertha S. Eva, Helen Morrison. To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Nina A. Merritt, Bessie R. Irwin, Mary C. Patterson, Agnes A. Murphy, Ellen D. Bryan, Nina J. Weber, Hazel M. Bartlett, Mary A. Evans, Louella M. Rose, Anna N. Mortonson, Selma V. Sand, Nora E. Anderson, Jean Y. McFadden, Icy A. Steward, Agnes O'Brien, Winifred M. Franklin, Claudena Holm, Ruth Arnott, Ida K. Falmer, Mary E. Cronen, Pearl V. Longwell, Martha Randall, Elizabeth E. O'Keefe, Ruth Horn, Alice L. Philips, Lena J. Green. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Bessie M. Adams, Sena S. Wendling, Edith M. Cleveland, Margherita B. P. Jolly, Katherine A. McDonald, Rena W. Ahrens, Marion A. Thorne, Helen M. Jones, Esther Pickel. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Helen Longsdorf, Nellie B. Wallace, Sara C. Brogan, Sussie Shelbourne, Alice C. Moriarty, Grace Liming, Anna R. Conway, Julia C. Foley, Catherine Price, Gertrude L. Field, D. Amelda Moffett, Anne E. Flynn, Edith H. Lowe, H. Maude Randall, Gertrude G. Roach, Marion B. Campbell, Elsie A. Kempf, Bessie Riker, Ethel A. Best, Clara A. Koch, Blanche Hoffmaster, Adelaide II De La Mater, Isabella H. Brennan, Mabel Heitzman, Mary L. Cleaves, L. Myra Rheinheiner, Agnes M. Tompkins, Louise M. Walter, Bertha M. Schultz, Mary E. Cumming, Agnette C. Olson, Anna Heil, Bessie B. Blaisdell, Sarah L. Stetter, Matilda B. Wolf, Ada P. Stanley. To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Anna Hagar, Sadie C. Gallagher, Katherine Andrews, Jane M. Hoff, Edna M. Edwards, Minnie A. Thomas, Ada Blomquist, Cecelia G. Mylet, Maude A. Covalt, Mrs. Ida C. Barton, Kate I. Boles, Deborah Nelson, Betty E. Manley, Bess A. Manley, Clara Hiltzinger, Karen M. Bornhoft, Esther H. Dersch, Grace Vanatta, Florence E. Parsons, Bessie M. Hutchinson, Drusilla H. Messenger, Elizabeth Thorson, Leota L. Merry, Clara Swanson, Cecile C. Gooder, Lillian F. Johnson, Bessie A. Phillips, Emma Ronken, Catherine A. Harley, Agnes M. Shou. To U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla.: Adah B. Mann, Evelyn G. Ikholm, Margaret MacArthur, Catherine Millar, Eva Claiborn, Ruth E. Baxter. To U. S. Army Base Hospital, Wilbur Wright Field, Fairfield, Ohio: Viola T. Robinson, Mary E. Voris, Katherine R. Kreutzer. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Harriet Norton, Charlotte Norton, Grace Byrkit, Margaret McElearney, Madge O'Brien, Louisa E. Houkon, Ruth V. Clayton, Irene J. McFarland, Salena R. Osborne, Ellen E. Bulow, Emma B. Gunz. To U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga.: Evelyn Pye, Barbara M. Crothers, Pauline M. Arnold, Aino C. Gustafson, Gladys F. Apker, Viola M. Smith, Christine Kroyer, May L. Cratty, Carrie E. Maakestad, Anna C. Nord, Martha A. Rohrbeck, Katie M. Martin, Sara M. James, Naomi K. Kennedy, Laura L. Schultz, Mrs.

Eulalia M. Callaway, Jean C. Waldron, Camilla O'Brien, Yvonne E. Lovelace, M. Celia Johnson, Gracie Baggarly, Elizabeth A. Woodson, Cora McCoy, Miriam M. Perkins, Nannie M. Huguley, Rix R. Sutton, Kathryn M. Hausman. To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Dynagh Dolan, Ethel L. Frank, Helena J. Courtney, Zella Stanton, Minnie E. Neff, Grace K. McWilliams, Esther S. Loos, Ethel E. Carter. To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Phoebe S. Shook, Eleanor Warner, Anna E. Manson, Margaret Halliman, M. Louise Zileh, Catherine E. Tate, Maud L. Wagner, Olivia T. A. Pedersen, Anna E. Anderson, Catherine O'Neil, Caroline A. Ruchman, Ida Stoskopf, M. Elizabeth McEnany, Corinne M. Raffo, Elinor Strafer, Allison D. MacDonald, Mary Rourke. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Mabel F. Kelley, Eva L. Crowell, Margaret F. Conway, Hulda D. Johnson, Alice M. Bixby, Martina C. Thode, Hedwig Weller, Barbara Agan, Selma M. Martin, Josephine C. Braun, Mollie O'Malley, May Elliott, Hattie M. Hall. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Bessie M. Green, Dora Smith, Carolyn P. Traves, Agnes Baird, Caroline E. Soden, Maude E. Smith, Nora L. Taylor, Cora L. Iseley, Mae F. Bengel, Mary F. Hill, Margaret E. Lasater. To U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla.: Katherine F. Lusby, Mary A. Deimling, Vesta E. Bryan, Agnes J. Duff, Bessie A. Gailley, Blanche K. Fleming, Susan C. Hull, M. Olive Sisterhen, Flora E. Sazon, Dollie F. Thompson, Dora McCarthy, Minnie L. Borden, Isabel H. Odiorne, Eunice Minor, Lillian McMullin. To U. S. Army Post Hospital, Jefferson Barracks, Mo.: S. Blake Gann, Beatrice Hendricks, Olive G. Niekirk, Margaret Hughes, Emma Seckel, Anna J. Haugan, Nervida Larson, Lillian Gott, Alice Sowards, Nettie Morrison, Ida A. Schuster, M. Gertrude Henson, Pearl F. Finwall, Alice L. Morse, Alma I. Straube, Anna Biewener. To U. S. Army Base Hospital, Camp Kearney, Cal.: Theo S. Bennet, Lois M. Oxy, Maude Bryson, Elizabeth Munro, Eleanor M. Bradfield, Beatrice A. Frasche, Minnie L. Babcock. To U. S. Army General Hospital No. 9, Lakewood, N. J.: Josephine C. Tronolone, Izetta E. Perry, Laurie K. Cattnach, Reba O. Kandle, Grace B. Burke, Hedwig L. Magnuson, Jane W. Weston, Erma L. Zanker, Margaret S. Small, Dora Stauber, Loretta J. Johnston, Mary L. Hefner, Abigail B. Graves, Sarah L. Wheatley, Mary A. Bostwick, Lucy R. Joy, Mildred R. Frellick, Pauline Denbaugh, Sarah E. Halloran, Carolyn, L. Ramer, Jean M. Frederick, Blanch Klund, Ethel I. Forbes, Bessie I. Clendenney, Nellie F. Rabold, Mary E. O'Donnell, Anna G. Lange, Lydia Werremeyer, Frances V. Pailca, Laura E. Morgan, Alma E. Reeves, Ruby Kendall, Adele M. Smith, Pearl Hartsock. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Elizabeth M. Haas, Lillie Harrison, Carolyn L. Lisec, Jeanette Dennington. To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash.: Alma H. Kienlon, Ellen Samuelson, Stella Boothe, Lucy E. Hart, Ruth R. Shields, Norma Diesem, Gene M. Gnunderon, Florence P. Bosse. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Helen M. Ross, Georgia F. Bromar, Gladys R. Clayton, Hannah A. Lee, Mary A. Thulin, Florence E. Morris, Pearl L. McVay, Emily L. Martin, Catherine A. Walsh, Helen C. Bartel, Amy M. Ryan, Nina M. Keefer, Edith M. Kelly. To U. S. Army Base Hospital, Camp McArthur, Waco, Tex.: Nellie Gaffney, J. Anna Hall, Bertie Weber, Lilly E. Kelly, Eva B. Bowden, Sara Tiddy, M. Pearl Weaver, Mary C. Christy, Alice L. Cunningham, Bernice Conner, Ethel D. Bradley, Emily L. Kruizenga, Hazel E. Herron, Mary D. Walton, Grace Williams, Mary A. Cochran, Anna J. Downey, Marie L. Dufour, Mary E. Barton, Margaret Van Scoyoc, Bertha L. Munze, Ellen Harrison. To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala.: Marian McMain,

Mary
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Helen
J. Br
Cook
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Mary Jacobs, Laura M. Fulmer. To U. S. Army General Hospital No. 6, Fort McPherson, Ga.: Adelaide E. Woods, Irene Brewster. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Eudora M. Perry, Gretchen Denman, Mary Mecham, Rosina G. Tinsley, Katherine Williams, Angela M. Jepson, Martha H. Manley, Joanna E. Meehan, Rosaline Sondheim. To U. S. Army Base Hospital, Camp Merritt, N. J.: Elie G. Jacobsen, Anna L. Miller, Dorothy M. Penhall, Beatrice Day, Jennie M. Zurdrell, Edna B. Hammersmith, Lela S. Rude, Kathryn S. Walter, Karen C. Nielson, Agda P. Holmes, Muriel R. B. Mader, Agnes M. Gotro, Jane Coddington, Lillian G. Benoit, Elizabeth Wilson, Elizabeth G. Williams. To U. S. Army General Hospital No. 1, New York, N. Y.: H. Mabel Cassidy, Harriet Jenkins, Nota W. Colligan, Margaret M. Tucker, Mary L. Simpson. To U. S. Army General Hospital No. 15, Fort Oglethorpe, Ga.: Maude L. Henley, Helen E. O'Reilly, Sarah E. Snider, Mina A. D'Diver, Elizabeth I. Redfearn, Myrtle J. Brown, Blanche E. Lewis, Verna W. Hanway, Marion E. Houlihan, Edna E. Cook, Mildred M. Kuhns, Jennie M. Short, Catherine L. Dean, Estelle McCormack, Frances Whynott, Susan E. McLeod, Evelyn V. Petrie, Ruth E. Staples, Anna B. F. West, Margaret A. Bailey, Marion L. Jones, Laura G. Frost, Helen L. Hinds, Florence E. Caldwell, Caroline W. Banghart, Nora C. Mahoney, Mary C. Samuelson, Kathleen MacLean, Ethel M. Aldridge, Frances A. Prosch, Dorette Otto, Augustine Fisher, Florence M. Hall, Edna Porter, Maud Yothers, Lillian M. Hanley, Sara A. Soverino, Edna L. Huette, Annie L. Parker, Dessie Robinson, Ann Webster. To U. S. Army General Hospital No. 5, Fort Ontario, N. Y.: Anna V. Hughes. To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.: Hattie P. Rathjen, Minnie J. Reppen, Gretchen Esch, Susan B. Mitchell, Clara L. Rosebrook, Bernice J. Richard, Ida A. Wellman, Mary Ross, Lois E. Reid, Esther Fairchild, Virginia Hale, Gertrude Hard, Augusta Giller, Blanda Sampson, Harriet K. Johnson, Eleanor Zuppann, Eva A. Parsons, Frances E. Gross, Thecla J. Gross. To U. S. Army General Hospital No. 4, Fort Porter, N. Y.: Cecelia J. Johnson. To U. S. Army Base Hospital, Fort Riley, Kansas: Hazel Davis, K. Agnes Fitzpatrick, Mary M. Mortan, Helen G. Price, Maud E. Grandburg, Catherine A. O'Grady, Emma F. Klock, Carrie C. Fennie, Anna Edstrom, Abelene Winther, Margaret McNair, Sara E. Guthrie, Regina McIntyre, Alma Lund, Justina M. Winkler, Blanche B. Breakey, Alice M. Sharpe, Edith A. Hanson, Margaret M. Watson, Mary L. Sauerbier, Ida M. Olsson, Hazel P. Onsted, Mae R. Dundas, Cora G. Rackliff, Ruth M. Glough, Blanche Britton, Elsie Messall, Margaret E. Harris, Lillian Stansbury, Eva C. Greisen, Hallie J. Hickman, Katherine L. Knowlton, Mrs. Miriam Urquhart, Kathryn L. Merkel, Rose E. White, Eva Darlington, Mary A. Roche, Katherine P. Roche, Harriet M. West, Elnora Pope, Valetto Brady, E. Carolyn Gerkin, Mary E. Shellebarger, Mary B. Robinson, Helen A. Klose, Winona Kutzleb. To U. S. Army General Hospital No. 19, Fort Logan H. Roots, Little Rock, Ark.: Ethel E. Anderson, Edna M. Swope, Laura M. Richards, Myrtle Meyer, Edna J. Esterbrook, Hazel I. Henry, Alma M. Simpson, Orpha B. Gould, Hattie C. Meats, Alma Kessler, Agnes Puck. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Blanche W. Hunter, Laura M. Einspahr, Marie Jordan, Florence B. Scase, Cora E. Hicks, Anna M. Schmidt, Abbie E. Colby, Daisy F. Meacham, Ruth P. Felt, Lucy A. Henderson, Genevieve E. Stratton. To Letterman General Hospital, San Francisco, Cal.: Lillian M. Davis, Irene O. Shelley, Katherine P. Morgan, Sigrid E. Thorgrimsen, Clara E. Larson, Fredrikke Rustad, Katharine J. Kelley, Ella McKenzie, Anna V. Kylling, Charlotte Ebbage, Emily L. Roy, Jessie E. Newcomb, Mary Ann Zogarts, Bess L. Cahill, Helen M. Marshall, Evelyn Murgatroyd, Iva V. Ansell, Beatrice Goldstein,

Opal J. Raney, Bessie M. Rogers, Marie F. Boyce. To U. S. Army Base Hospital, Camp Sevier, Greenville, S. C.: Mae B. Brethour, Nellie R. McCabe, Emma McCleary, Anna C. Kreps, Hettie Reinhardt, Margaret V. Ashton, Mabel J. Campbell, Louise Reinhardt, Annie R. B. Allan, Garfield Leech, Mary M. Broadus, Ellie C. Nelson, Marie M. Leppy, L. Bessie Smith, Emma McCleary, Lydia Barber, Martha D. Benderman, Annabel G. Proctor, Carrie E. Whitney, Powhatan Stone, Louise M. Kramer, Mary G. Savage, Mary E. Fagan, Emma H. Kehrig, Jessie E. Burton, Elizabeth Weber, Kathryn B. Lindner, Muriel L. Thomas, Olive J. Smith, Marian Flint, Margaret T. Lee, Josephine T. Dwyer, Delia M. Riley, Agnes F. Eubank. To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss.: Gladys B. Lake, Lucile Cartledge, Charlotte E. Locke, Elizabeth Snell, Jane F. Browne. To U. S. Army Base Hospital, Camp Sheridan, Montgomery, Ala.: Edith L. Whaley, Birdie M. Weems, Clara M. Bagnet, Susie Pate, Icie B. Key, Mary L. Grant, Leona L. Phelps. To U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio: Mary J. Sterley, Clara J. Izen, Bertha M. Turner, Antoinette Baum, Ernestine Mielziner, Edelette Rene, Ethel B. Hicks, Luella C. Gutheil, Nina A. Raub, Ruth W. Bean, Mary A. McCaffrey, Evelyn C. Bairnafather, Elizabeth F. Rutherford, Mary Bell, Susan Marshall, Fern L. Huls, Margaret M. Finnegan, Mrs. Maude S. Yerkes, Catherine M. King, Cordelia Draper, Ella L. Foley, Margaret A. Bulkley, Sue H. Scheidel, Dorothy M. Dunn, Agnes M. Boyle, Catherine Underdown, Katherine M. Flynn, Anastasia A. Kenny, Agnes G. Donovan, Katharine Fitzgerald, Alice J. Willinson, Anne T. Burns, Margaret G. Cairns, Mary L. Long. To U. S. Army Post Hospital, Fort Sill, Okla.: Elizabeth S. Etzel, Anna C. Joyce, Marie M. McCune, Helen M. Kinney, Josephine Brown, Ida J. Olson, Hattie E. Lubben, Alice Kinkade, Mildred Zimmerman. To U. S. Army Base Hospital, Camp Stuart, Newport News, Va.: Edith K. Breck, Muriel H. Urquhart, Dora R. Rasmussen, Julia M. Rasmussen, Margaret Hitzelberger, Teresa Steats, Kathryn C. Shaw, Nelle R. Cleary, Maggie E. Van Steensel, Edna Dienst, Mary L. Martin, Nell M. Johnson, Anna C. Lantz. To U. S. Army Post Hospital, Taliaferro Field No. 1, Fort Worth, Tex.: Pearle J. Richardson. To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Martha A. Hill, Pearl J. Bona, Christine M. Adams, Aileen Lightner, Clara L. Panke, Lulu Willett, Mary G. Simms, Hazel Lee Weller, Aileen L. Bryan, Maude Hayward, Maude E. Cottrell, Bertha M. Condee, Margaret Greig, Ella O. Hunt, Jane G. Hamill, Zilla Sprunger, Nola M. Reeves, Elizabeth E. Buxton, Ruby Breuleux, Cora L. Funch, Florence Asprey, Eunice L. Gotwals, Mabel Ketter. To U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex.: Ann Terry, Mary M. Mundy, Ethel B. Labodie, Martha Everett. To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y.: Katherine Coleman, Katherine C. Dear, Anne C. Hendire, Ella P. Gillis, Martha G. Conery, Mary A. O'Neil, Virginia E. Stover, Elizabeth Webb, Sara M. Martin, Grace M. Holt, Leona Bowser, Margaret Jarvis. To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C.: Mary E. Silas, Rose H. Nolan, Lucy M. Harper, Grace A. Penberthy, Julia J. Cox, Ethel M. Ferguson, Mary L. Casey. To Walter Reed General Hospital, Takoma Park, D. C.: Louise Jones, Jessie P. Baldwin, Margaret P. Neill, Mary B. Hennessey, Mary J. Regan, Nora R. Ruth, Grace T. Lummis. To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.: Helen C. Houser, Katherine W. Cecil, Annie L. Jones, Florence M. Koop, Leah E. East, Margaret P. Reed, Florence H. Veiter, Myra E. Preble, Helen Murphy, Mabel P. Watson, Estella B. Yetka, Lulu P. White. To Ellis Island, New York, Hospital Unit "B" (service in Europe): Catherine Ferguson, M. Lillian Marston, Jean MacM. Wilson, Nellie L. Carter.

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To Ellis Island, New York, Hospital Unit "C" (service in Europe): Florence Voris, Helen J. Kokeen, Mary E. Green, Hetta Alexander, Mary E. Conyard, Mary L. Gravel, Lucy M. Hueter, Fay Storer, Margaret M. Stuart, Mary L. Swain, Alice M. Claude. To Ellis Island, New York, Hospital Unit "D" (service in Europe): Zilpha Larimore, Sue I. Broadley, Pearle A. Trice, Mary M. Miller, Ferna M. Dillingham, Bess L. Broadley, Martha J. Beers, Catherine R. Harty, Elizabeth C. Sharkey, Mary R. Hoosan, Mary J. Conner, Mina B. Dunlop, Florence E. Pierce. To Ellis Island, New York, Hospital Unit "G" (service in Europe): Ellen F. Cramp, Elizabeth J. Dewhurst, Laura A. Reynolds, Nellie J. Murphy, Kathryn M. Kull, A. Margaret Joyce, Anna B. Davis, Edna M. Bousfield, Anna B. Chofee, Augusta Morse, H. Victoria Robinson. To Ellis Island, New York, Hospital Unit "H" (service in Europe): Myra L. Prout. To Ellis Island, New York, Hospital Unit "I" (service in Europe): Alma R. Hagan, Wilma M. Wallace, Fannie A. Watson, Blanche Liffick, Jessie G. Spaugh, Carrie E. Yeager, Mayme McBride, Lulu E. Jenkins, Catherine M. O'Donnell, Ruth E. Jordan, Sarah M. Geist, Mayme C. Herndon, Lucy B. Byers, Martha Garrison, Ludvena Bonifas, Esther A. Foster, Mrs. Lulu Grosse, Lora B. Roser, Eva Clemenshaw, Merl Lee Male, Carrie T. Stamper. To Ellis Island, New York, Hospital Unit "L" (service in Europe): Iva A. Nolf, Irene E. Dunlea, Helen Scott, Catharine C. McMorran, Adda J. McLaughlin, Anna E. Lease, Florence McCartney, Madeleine Kemp, Margaret Boal, Lillian W. Adams, Sara M. Mansell. To U. S. Army Base Hospital No. 1 (Bellevue Unit, service in Europe): Beatrice Hosken, Harriet Van Sickle, Elinor Walker, Catherine A. Trady, Bessie B. Thompson, Sadie M. Snider, Julia C. Shea, Marie U. Puls, Kathleen Padian, Elsie M. Westberg, Annie E. Grass, Mary E. Gorman, Hattie M. Frost, Rose Dougherty, Columbia Crudup, Laura B. Cowell, Sarah Corrigan, Florence Cameron, Margaret Bailey, Minnie F. Biffer, Beatrice M. Bamber, Sara E. Allen, Josephine Pote, Mary E. Gillen, Margaret W. O'Connor, Hilda A. Hylund, Elizabeth A. McVity, Christine McLean, Barbara Lent, Martina M. Lavin, Maud C. Kelley, Julia C. Joyce, Caroline Hansen, Bertha E. Damoth, Anna J. Driscoll, Mary P. Speight, Teresa Rutledge, Augusta M. Huppuch, Carrie I. Hoskins, Estelle C. Sargent, Jenny E. White, Miriam Pottman, Florence H. Ulmer, Beatrice Stephenson, Anna S. Johnson. To U. S. Army Base Hospital No. 20 (service in Europe): Laura M. Nell, Helen Pratt, Margaret Louthier, Katharine C. O'Donnell, Catherine M. Quigley, Bertha J. Wold, Letitia M. Gallagher, Edna T. Rockey, Elizabeth V. Schmoyer, Martha E. Shaw, Clara S. Stephen, Clara L. Street, E. Elizabeth Weaver, Annie E. Newman, Louise F. Bidaux, Helen C. Bidaux, Marie V. Goff, R. Sabina Laudis, Mildred Fairlamb, Nellie D. Ferry, Elizabeth Findlay, Rose F. Bidaux, M. Louise Miller, Mary C. Lyster, Mary B. Walsh, Mary E. Walbert, Edith M. E. Davies, Elizabeth J. Coombs, Minnie L. Collins, Sabina Kehr, Evelyn Bretzler, Lake Johnson, Anna R. Hoover, Susie M. Higgins, May Grenville, Anna L. Hawkins, Mary B. Hume, Mary E. Stewart, Jessie Laidlaw, Nell W. Howard, Martha W. Buckwalter, Anna A. Bartik, Anne R. Crouch. To U. S. Army Base Hospital No. 33 (service in Europe): Mary B. Kelly, Cora McKay, Minnie L. Fahlman, Anna B. De Graff, Catherine Feeck, Bessie C. Garrah, Christine E. Gehbauer, Flora A. Graham, Lulu Guller, Cordelia H. Hilke, Florence A. Heidel, Catherine A. Kearney, Malvina MacCormack, Jane B. Martin, Edith A. Rushton, Anna C. Purcell, Mattie M. Washburn, Winifred F. Casey, Lillian L. Yard, Elizabeth W. Rockstroh, Viola Oldford, Katherine F. Lee, Sara Lane, Eleanor M. E. Kelly, Stella M. Hughes, Wilhelmina T. Hoffman, Grace M. DuBois, Evelyn E. Dennis, Kathryn M. Butler, Mabel L. Lee, Eugenia A. Hinton, Edith L. Chapman, Helen Clifton, Marguerite

Blair, Mary A. Harmon, Florence E. Tiffany, Jean H. Speirs, Marie H. Riess, Madge Rees, Delia H. Provancher, Evelyn M. Nisbet, Mae A. Martin, Maria M. MacLeod, Dorothy M. Hugo, Sara B. Ingalls, Gladys S. Lucas, Lucy Brinkerhoff, Mary T. McCarty, Ethyl E. Walker. To U. S. Army Base Hospital No. 116 (service in Europe): Constance R. Rose, Sarah M. Nelson, Margaret Farnsworth, Florence L. Dixon, Agnes Martin, Helen E. Miller, Ada Vanderburgh, Eleanor B. Hobart, Erma R. Matlock, Elizabeth V. Hodgkins, Clara E. Kretzing, Dorothy E. Payne, Emily F. Smythe, May M. Boothe, Hattie B. Doane, Nellie Duffany, Sophie E. MacDonald, Anna E. Kennedy, Bertha May Bishop, Ethel Morley, Helen D. Ochlschlaeger, Ella B. Payne, Catherine E. Rausch, Fleda E. Gordon, Frances H. Hammond, Anne Killilea, Emma Olsen, Mary I. Pollard, Ruth F. Doucette, Elsie Owens, Emily Passmore, Lena T. Willey, S. Doris Wartosky, Florence M. Trudgeon, Agnes W. Allison, Elizabeth M. Horne, Elizabeth L. MacCabe, Laura I. MacFetridge, Lillie Johnson, Clara R. Price, Mabel F. Thompson, Sophia H. Belser, Jessie E. Hildreth, Katherine Burkhardt, Clara I. Purkis, Laura A. Rusk, Nan A. Keegan, Beatrice Richardson, Mary McNulty, Mary T. Gibbons, Margaret E. Skelley, Laura E. Cowan, Mary D. Cox, Jean H. Sharp, Emma J. Rowlands, Isabel T. Norkewicz, Mabel G. May, Clara M. Putt, Helen A. Weston, Louise C. Klein, Edna E. Kingston, Alice L. Johnstone, B. Anna Ferrier, Marie V. Brizzolara, Ilma E. Kelly. To U. S. Army Base Hospital No. 117 (service in Europe): Minnie M. O'Byrne, Amelia Greenwald, Margaret R. Campbell, Emily Madlin.

Transfers.—To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.: Elizabeth M. Kolbo, Ada Lund. To U. S. Army General Hospital No. 4, Fort Porter, N. Y.: Elsie A. Calloway, Mary E. Flood, Alice G. Hunter, E. Bertha Smith, Mary A. Bostwick, Bessie I. Clendent, Sarah L. Wheatley. To U. S. Army Post Hospital, Fort McDowell, Cal.: Olive Gates, Rhoda Barker, Mildred A. LaBonte, Josephine E. Drama, Mary A. Jones, Emma L. Blanchard. To U. S. Army General Hospital, Fort Bayard, N. Mex.: Lillian L. Groo. To Walter Reed General Hospital, Takoma Park, D. C.: Annie A. Snow, Frances M. Poole, Florence A. M. Meyette, Esther R. Lynch. To U. S. Army Post Hospital, Vancouver Barracks, Wash.: Julia H. Domser, Letha Humphrey, Helen Krebs, Emma B. Kern. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Carrie E. Gerwig, May Steiner. To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Laurie K. Cattanaach, Reba C. Kandle, Jane W. Weston. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Carolyn L. Ramer, Pauline Dembaugh, Joan M. Frederick, Sarah E. Halloran, Isabel E. Devitt. To U. S. Army Base Hospital, Camp McArthur, Waco, Tex.: Loretta J. Johnston, Bertha Linker, Margaret S. Small, Frances V. Pailca, Erma L. Zanker, Grace B. Burke, Bertha M. Boyle. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Hedwig L. Magnuson, Clara V. Bohrer, Julia E. Anderson, Dora Stauber, Abigail B. Graves. To Nurses' Mobilization Station, Madison Avenue, New York, Hospital Unit "C" (service in Europe): Ethel M. Hargitt, Rutly Fry, Eva L. Morrison, Clara M. Quinlan, Inza C. McKernan, Marion Reid, Alice Rien, Martha D. Rothwell. To Ellis Island, New York, Hospital Unit "D" (service in Europe): Viola E. Taffe, Elizabeth B. Shiplet, Anna Stucky, Mabel F. Peters, Angie M. Harrison, Florence I. Bean, May W. Neighbors, Ethel Allman. To Ellis Island, New York, Hospital Unit "G" (service in Europe): Bertha M. Boyd, Margaret A. MacDill, Mary P. Wight, Frances E. King, Lillian A. Johnson, Louise F. Cramp, Lydia G. Cotton, Katherine A. Corcoran, Helen I. White. To Ellis Island, New York, Hospital Unit "H" (service in Europe): Josephine A. Allison, Loutie I. Baker, Grace W. Blackwell, Nellie L. Cumiskey, Gertrude M. Kilduff, Elizabeth McNerney, Nora T. O'Connor,

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Antoinette R. Ray. To Nurses' Mobilization Station, Madison Avenue, New York, Hospital Unit "L" (service in Europe): Wilma Forster, Mae Perrine, Mary K. Sattler, Emma Grier, Mabel G. Hudson, Kathryn M. Joyce, Edith MacNaughton, Katherine E. Moist, Mrs. Ada K. Taylor, Mabel Vensel. To American Red Cross Military Hospital No. 1 (service in Europe): Anna L. Reutinger, Dorothea Mann, Army K. Paget, June A. Root, Edith L. Wood, M. Elizabeth Ireland, Harriet P. Hankins, Monica Brock, Esther M. Rose. To U. S. Army Base Hospital No. 20 (service in Europe): Marie A. Bergstresser. To U. S. Army Base Hospital No. 30 (service in Europe): Amy L. Aldridge, Marie Auga, Edna G. Baker, Mary M. Breen, M. Catherine Buckley, Mary K. Clary, Jeanne H. Dumont, Agnes E. Dunn, Edith J. Evand, Kathleen M. Fores, Persie M. Marriage, Katherine M. Oleson, Hilda Margaret Standen, Helen M. Fanning, Elsie Goldman, Louise M. Compertz, Josephine Hughes, Alta Ireland, Mabel I. Kaemmerer, Marguerite M. Knight, Arabella A. Lombart, Laura D. McDermott, Margaret F. McEnery, Martha Marsden, Alma E. Morris, Florence Adele De Poy, Vera Marston, Katherine Van Orden, Margaret Williams, Alice I. Burton, Sarah W. Cheek, Cathrine F. Gaynor, Anne Murchison, Nora B. O'Sullivan, Lucy Preston, Sabina D. Prust, Anna H. Ravins, Bess L. Short, Adelaide C. Brown, Gertrude Smith, Martha Smith, Julia E. Tesreau, Mayme E. Williamson, Eva E. Wilfinger, Josephine M. Ginocchio, Grace Beane, Ada M. Jessen, Pearl A. Zavitz, Florence G. Lockhart, Harrie C. Lormimer, Martha Meiwald, Carolyn C. Roberti, Stella M. Shortgen, Josephine P. Vandergon, Anne J. Vargas, Ethel Veysey, Minerva Wightman, Alice M. Wilde, Sue N. Wilkins, Cora Hughes, Cora L. Hearne, Mrs. A. Crane. To U. S. Army Base Hospital No. 33 (service in Europe): Frances A. Burns, Effie S. Czerwinski, Alice C. Conlin, Ruth M. Spencer, Ann O'Connor, Kathryn T. Quinlan, Isabella Brennan, Marion B. Campbell, Adelaide De La Mater, Anne E. Flynn, Elsie A. Kempf, Edith H. Lowe, D. Almeda Moffett, H. Maude Randall, Gertrude G. Roach. To U. S. Army Base Hospital No. 116 (service in Europe): Maud Ferguson, Mary C. Miller, Margaret M. Millington, Hazel I. Ross, Agnes A. Connolly, Mabel Heitzman, Pearl M. Saunders. To U. S. Army Base Hospital No. 117 (service in Europe): Margaret R. Campbell, Amelia Greenwald, Emily Madlin, Minnie M. O'Byrne, Louise P. Yale, Theresa Manning, Margaret A. Wood.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Harriet Beckley, Florence M. Eckert, Florence Epley, Eleanor M. Evans, Eva L. Fortman, Effie M. Greene, Nellie B. Hall, Louise N. Hazlehurst, Elizabeth M. Higgins, Florence Holm, Merle Kagey, Amanda H. Larson, Rebecca R. Longley, Nellie C. Malone, Florence T. Milburn, Mary E. Millard, Anna R. Morse, Mary C. Normile, Grace Pearson, Eliza Windsor.

Deaths.—It is with much regret that the deaths of the following named nurses are announced: Mathilde French, of U. S. Army Base Hospital No. 1, Fort Sam Houston, Texas; Olive F. Heath, of Walter Reed General Hospital, Takoma Park, D. C.; Alice I. Ireland, of U. S. Army Base Hospital No. 34 (France).

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Appointments.—Doretta Eldred, St. Luke's Hospital, Richmond, Va.; Helen MacLean, Worcester City Hospital, Worcester, Mass., institutional work, Holden College Hospital, Mass.; Hallie Scott, W. B. Fletcher Sanatorium, Indianapolis, Ind., Indiana University School of Medicine; Katherine A. McNelis, Philadelphia, Pa., transferred from N. R. F. to Nurse Corps, U. S. N.; Josephine D. Simcusky, Worcester City Hospital, Worcester, Mass.

Assignments.—Eva L. Buchan to Chelsea, Mass.; Doretta Eldred to Norfolk, Va.; Virginia A. Rau to Cape May, N. J.; Helen M. MacLean to Chelsea, Mass.; Hallie I. Scott to Norfolk, Va.; Josephine D. Simcusky to Chelsea, Mass.; Mary H. Bethel to Operating Base, Hampton Roads, as Assistant Chief Nurse.

Resignations.—Edith M. Holinger, Nell E. Pettus, Florence E. Shoemaker.

Honorable Discharge.—Blanche C. Moran.

Promotion.—Mary H. Bethel, assistant chief nurse.

RESERVE NURSES U. S. N.

Assignments.—City and County Hospital Detachment, St. Paul, Minn., to Mare Island, Cal.: Signe M. Anderson, Marie Fennie, Marie Karlen, Josephine Hoffman, M. A. Blanche Langelier, Selma Lindblad, Belle M. Granger. Roper Hospital Detachment, Charleston, S. C., to Charleston Naval Hospital: Mary W. McInnes. Carney Hospital Detachment, South Boston, Mass., to Portsmouth, N. H.: Margaret A. Morris, Marguerite R. McCarthy. Stamford, Conn. Hospital Detachment, to Brooklyn, N. Y.: Emma L. Wilson, Sarah E. Hallows. Mounds Park Sanatorium Detachment, St. Paul, Minn., to Norfolk: Alice M. Hope, Bessie Berglund, Edith M. Ohlson. Naval Station Unit No. 2 (Philadelphia), to Naval Hospital, League Island, Pa.: Rose A. Lamb, Nora V. Gaynor. Naval Station Unit No. 4 (Brooklyn), to Norfolk, Va.: Bessie M. Gaynor, Mary C. Biglin. Naval Station Unit No. 6 (Austin, Tex.), to New Orleans, La.: Nora E. Crosland. Navy Base Hospital, No. 3 (Los Angeles, Cal.), to Philadelphia, Pa.: Ester Biaggini. Unattached, to Philadelphia: Jean McInally. To Brooklyn, N. Y.: Margaret L. Flynn. To Cape May, N. J.: Anna C. Baumann.

NURSES U. S. N. R. F.

Assignments.—St. Luke's Hospital Detachment, San Francisco, Cal., to San Diego, Cal.: Henrietta Alexander; to Mare Island, Ca.: Julia A. Culbert. Newton Lower Falls Hospital Detachment, to Norfolk, Va.: Mabel J. Colgan. New York City Hospital Detachment to Cape May, N. J.: Elizabeth Hoctor. Newark City Hospital Detachment, N. J., to League Island, Pa.: Estelle Harding; to Annapolis, Md.: Orpha Puder. Columbia Hospital Detachment, Washington, D. C., to New York: Irva R. Young, Victoria R. Good, Anna Peiman, Nettie A. Suevers; from St. Louis, Mo., to Norfolk, Va.: Mary C. Holland; from Lewiston, Me.: Dora M. Cady; from Hartford, Conn., to Portsmouth, N. H.: Edith A. Shilling; from Etna, Pa., to Philadelphia, Pa.: Jane C. Thorpe; from Columbia, S. C., to Charleston, S. C.: Agnes Lowe, from Palms, Cal., to Mare Island, Cal.

Disenrollments.—Margaret Smylie, Flora A. Richardson, Elsie D. Gould, Ethel C. Dooley, Mabel W. Creighton, Helen M. Tiffany, Sara F. Walker.

DIETITIANS

Assignments.—(To Naval Hospitals.) Emma C. Hess, from New York, N. Y., to Operating Base, Hampton Roads, Va.; Harriet S. Gould, from Los Angeles, Cal., to Naval Training Camp, San Diego, Cal.; Anna F. Hallock, from New Rochelle, N. Y., to Chelsea, Mass.; Ella Martin, from Butte, Mont., to Mare Island, Cal.; I. Irene Jury, from Washington, D. C., to Philadelphia, Pa.; Mildred Stiles, from Dewight, Ill., to Great Lakes, Ill.; Hortense E. Wind, from Ann Arbor, Mich., to Norfolk, Va.; Susie S. Wood, from Slocum, R. I., to Portsmouth, N. H.

In giving this outline of the activities of the Navy Nurse Corps, it is with deep regret that the death of one of our members is reported. Amy Treichler, a member of the New York City Hospital Detachment, died at the Naval Hospital, Charleston, S. C., of cerebro-spinal meningitis.

The deep interest of the medical officers and the loving care of her sister nurses helped her to endure the suffering, and at the end she went quietly to sleep. The burial services were military; attended by the Commandant of the Navy Yard, the medical officers, nurses and Hospital Corps. As the volley was fired and taps were sounded each one present realized that this life had been given in her country's service.

The following extract is taken from the letter sent by the medical officer in command to Mrs. Engle, sister of Miss Treichler, and next of kin:

"Patients and co-workers had learned to love her and appreciate her administrations. She gave her life in her country's service, and is as much of a hero as one who dies on the line of battle, since she died in line of duty while performing the noblest of all Christian duties, ministering to the sick."

LENAH S. HIGBEE,

Superintendent, Navy Nurse Corps.

Arizona: Phoenix.—THE MARICOPA COUNTY GRADUATE NURSES' ASSOCIATION held a meeting on December 12, at the home of Rosa Darcy, with twenty nurses in attendance. The following officers were elected: President, Nellie Wilcox; vice presidents, Mrs. Dora Muir Birch, Helen Eagan; secretary, Rosa Darcy; treasurer, Edith Snowden.

Colorado.—THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet in Denver, at the Capitol Building, April 22-27, to examine nurses for registration. Application should be made to Louise Perrin, Secretary, State House, Denver. THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its annual meeting in Denver, February 14 and 15. At this meeting Lettie G. Welch of Denver was elected president to succeed Mrs. C. A. Black, and Mrs. J. F. Thurston was re-elected secretary. Cordelia Cowan has been elected president of the Board of Nurse Examiners, succeeding Edna M. Gallaher, who has married and is living in Wyoming.

Connecticut: Hartford.—HARTFORD HOSPITAL TRAINING SCHOOL has increased its student body for the year 1918 by 27, and has consequently been able to introduce the eight-hour schedule for night duty. One section is on duty from 3 to 11 p. m., the other from 11 p. m. to 7 a. m. The training school now allows nine months' credit to college graduates.

District of Columbia.—THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses on May 15. All applications must be returned on or before April 28 to the secretary, Helen W. Gardner, 1337 K Street, Washington, D. C.

Georgia.—THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its twelfth annual meeting in Valdosta, April 24 and 25. **Atlanta.**—THE INTER-STATE SECRETARY, Adda Eldredge, spent five busy days in Atlanta in February, during which time she addressed the following groups: The League of Nursing Education (twice), pupil nurses, Associated Alumnae and all graduate nurses, Colored Nurses' Club, public health nurses, a mass meeting of all nurses, and another mass meeting of nurses to which the general public was invited, besides attending several social functions where she met the nurses informally. At a meeting of the hospital superintendents, boards of directors, trustees, doctors and superintendents of nurses, Miss Eldredge read a paper on the Standardization of Training Schools. As a result, the Atlanta Hospital Association is being organized; the League of Nursing Education has completed its organization; the Alumnae associations are working with renewed interest; and the nurses feel that the benefit derived is far-reaching.

Illinois.—THE ILLINOIS TUBERCULOSIS ASSOCIATION announces a vacancy for the position of Director of Nursing Service, and vacancies for a considerable number of graduate nurses who have had small-community experience; with good salaries. For further information and applications, address the Illinois Tuberculosis Association, at 8 S. Dearborn St., Chicago, or 626 E. Capitol Ave., Springfield. THE ILLINOIS LEAGUE OF NURSING EDUCATION met on February 27, when Miss Wheeler brought up the subject of introducing a course in public health nursing during the third year of the nurse's training, for women who desire to fit themselves for public health work. Elnora Thomson reported a letter from Dr. Singer, state alienist, outlining a course for a specialized group of nurses to be known as psychiatric nurses. Allan W. Albert of the War Recreation Board of Illinois gave an interesting and instructive address on Building Character in the American Army. His statistics regarding venereal diseases in the army were very encouraging. THE FIRST DISTRICT OF THE STATE ASSOCIATION elected these officers on February 12: President, Edna L. Foley; vice presidents, Anne Ambridge, Ellen V. Robinson; secretary, Mable Christie; treasurer, Anna Weum. Thirty-two new members were voted in. Mr. Eckert gave a short talk on Thrift Stamps. The revision of the by-laws was discussed. MERCY HOSPITAL ALUMNAE ASSOCIATION met at the Chicago Nurses' Club on March 1, to hear Elizabeth N. Wright, president of the State Association, in a most interesting talk. The Hahnemann Hospital Alumnae Association had as their guests on March 5, Jessie Horn, superintendent; Lucy Breen, principal of the training school, and the Senior Class. An address was given on the Red Cross by Mrs. William Worth. ST. LUKE'S HOSPITAL has opened a gymnasium for the nurses in training, and is giving two classes a week in French to the senior nurses. Margaret Kelly of Michael Reese Hospital has been appointed registrar of the Visiting Nurse Association of Chicago. THE SECOND DISTRICT at its annual meeting on February 2, held at the Aurora Hospital, Aurora, chose the following officers: President, Irene Oberg, Elgin; vice presidents, Marie Petersen, Joliet; Mrs. Agnes Loeffler Ruddick, Aurora; secretary, Mrs. Gertrude H. Emerson; treasurer, Mrs. Grace H. Webster, Joliet. The report of the Red Cross committee showed that there are now thirteen nurses in home service, three are in charge of teaching centers, and several more are enrolled. Miss Amy Lowe, first schools nurse in Aurora, has been sent to France to specialize in children's work. THE THIRD DISTRICT held its annual meeting on February 16, at the Talcoott Memorial Home for Nurses, Rockford. The constitution and by-laws were amended to conform with the new plan of organization. Mrs. Corey, of New York, told of her recent experiences in Belgium and the work of the Salvation Army. The election of officers resulted as follows: President, Sigrid Strande, Rockford; vice presidents, Mrs. Nellie Sweat, Freeport, Isabelle Armstrong, Rockford; secretary, Helen Wray, Rockford; treasurer, Anne O'Mally, Dixon. THE FOURTH DISTRICT held its annual meeting on February 5, at the Nurses' Home in Ottawa. The by-laws were revised according to the national plan, and the following officers were elected: President, J. Blanche Payne; vice presidents, E. A. Asseltine, Sadie McGrath; secretary, Sadie B. Walsh; treasurer, Mary J. McMahon. THE EIGHTH DISTRICT at its annual meeting in Galesburg, on February 21, heard Anna L. Tittman speak on the AMERICAN JOURNAL OF NURSING. The revision of the by-laws was discussed, and Elfrieda Erlandson was re-elected president. The Galesburg nurses entertained the Association with a dinner at the Elks' Club. THE THIRTEENTH DISTRICT held in Springfield, on April 2, a Centennial Meeting, in honor of the anniversary of the admission of Illinois into the Union.

Indiana.—THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION will hold examinations for the registration of graduate nurses, at the State House, Indianapolis, May 22 and 23. For further information, apply to the secretary, Edna Humphrey, Crawfordsville. THE INDIANA TUBERCULOSIS WORKERS' ANNUAL CONFERENCE was held in Evansville, February 1 and 2, and proved to be an enthusiastic and helpful meeting. The Community Nurses' program was given on the evening of the second day with the following papers, Mary A. Meyers presiding: The Nurse in the School, Dr. J. N. Hurty, State Health Commissioner; The Problems of Relief, Ida J. McCaslin, of the Shelby County Tuberculosis Society; The Nation's Call to Nurses, Mary Roberts, Lake District, American Red Cross; The Out-Patient Nurse, Dr. H. S. Hatch, Director Sunnyside Sanatorium; Problems of the Open-Air-School Nurse, Agnes W. Hewitt, St. Louis; The Problems of the Industrial Nurse, Elizabeth Arundale, East Chicago. **Evansville.**—THE GRADUATE NURSES' ASSOCIATION has elected the following officers for the ensuing year: President, Mrs. Della Ingle Smith; vice presidents, Sophia Gumble, Mrs. Mary Trimble; secretary, Allie Smith; treasurer, Elizabeth Kurzdofer. The nurses are meeting every Monday evening to sew for the Red Cross.

Iowa: Des Moines.—PUBLIC HEALTH NURSING was presented at the Teachers' County Institute in Lynn and Jones Counties on February 14 and 15, by Helen S. Hartley of the Iowa State Tuberculosis Association. The subjects were Health of the School Child, High Ideals of Health, and Teaching and Living Hygiene, the last with demonstrations. HELEN NEEDLES, teacher of Hygiene in Newton, was invited to be present at the Davis County Teachers' Institute, March 7 and 8, to give the history of the Red Cross, the Junior Red Cross movement and the relation of the Red Cross to the community. THE SOUTH CENTRAL DISTRICT has decided on April 3 as the date for the organization of the district. ISABEL KELLMAN, Field Nurse for the Iowa Tuberculosis Association, is in Sioux City, making a six weeks' survey. ROSE MAHONEY, graduate of Mercy Hospital Training School, while awaiting call to service, will have charge of the Dental Clinic opened by the School Board. ESTELLA MEYERS, class of 1907, Iowa Methodist Hospital, sailed from New Orleans in January, with a group of missionaries for Central America. Mary Newlin will succeed her as visiting nurse in the mountains of Kentucky. THE PUBLIC HEALTH NURSES' ASSOCIATION, through its Board of Directors, informally entertained, on February 9, the staff of nurses and ex-members now with the Red Cross Sanitary Unit, at the home of the president, Mrs. F. S. Withington. THE PUBLIC HEALTH NURSES met on February 14, when Dr. M. L. Turner gave an interesting talk on Food for Children, and Contagious Diseases.

Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examinations for the registration of graduate nurses at the City Hospital, Louisville, April 29 and 30, beginning at nine a. m. Further information or applications can be had from the secretary, Flora E. Keen, Somerset, Ky.

Massachusetts.—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, April 9 and 10, 1918, at Boston, Mass. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, Secretary, Room 159, State House, Boston.

Michigan.—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold examinations May 28-30, in Detroit, and June 28-30, in Grand Rapids. For further information, apply to the secretary, Harriet Leck, Oakland Building, Lansing.

THE MICHIGAN STATE ASSOCIATION will hold its annual meeting in the Presbyterian Church, Bay City, May 21-23. **Flint.**—**THE FLINT DISTRICT ASSOCIATION** at its annual meeting on January 8, elected these officers: President, Mrs. Ruth. vice presidents, Mrs. Andrews, Mrs. Roberts; secretary, Flora M. Burghdorf treasurer, Lena S. Grover. A committee was appointed to revise the constitution, and it was decided to include a subscription to the *JOURNAL* in the annual membership dues. **Grand Rapids.**—**THE BUTTERWORTH ALUMNAE** at their regular meeting at the hospital, heard an address on *The Blood*, by Dr. Brotherhood.

Missouri: Kansas City.—**THE KANSAS CITY LEAGUE OF NURSING EDUCATION** at its regular meeting on February 21st, had an interesting discussion as to how to increase the enrollment of nurses for home service, and what ways and means should be employed to replace in the community the nursing service of which it will be deprived owing to war conditions. At the January meeting the League had as guest Lyda W. Anderson, Director of the Red Cross Nursing Service for the Southwestern Division, who urged upon all the need of enrolling nurses for the Red Cross Nursing Service.

Nebraska.—**THE NEBRASKA STATE ASSOCIATION** has appointed Carrie Louer, Omaha, to fill the unexpired term of Amy Allison, who has been its president for the last two years. Miss Allison has accepted a position at the Stuart Circle Hospital, Richmond, Va. To fill the vacancy caused by the resignation of Mary Swan, who has gone into service, Grace Bradley has been appointed vice president. The state is now divided into three districts. Each district has held its first meeting, elected officers, and adopted a constitution and by-laws. The state association has voted to give \$25 to each district to help defray the expense of organizing. **Omaha.**—**FLORENCE McCABE** of Chicago has accepted the position of Superintendent of the Visiting Nurse Association.

New Jersey.—**THE NEW JERSEY STATE NURSES' ASSOCIATION** will hold its sixteenth annual meeting, Wednesday, April 3, at The Chalfonte, Atlantic City. **THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING** will hold its annual meeting in Newark on May 4. An interesting programme is being arranged with the cooperation of the Board of Health and other local organizations. Clinics will be open for inspection on Friday and Saturday. **Hackensack.**—**THE HACKENSACK HOSPITAL ALUMNAE ASSOCIATION** at its meeting on February 4 elected Mrs. A. A. Swayaze president to fill the unexpired term of Irene Brewster, who has been called into active service, and Mrs. Alden Meeks, secretary. The Association voted to give the Nurses' Home a Service Flag, for the graduates in active service.

New York.—**THE NEW YORK STATE BOARD OF NURSE EXAMINERS** will hold examinations for registration on June 25, 26, and 27 in New York, Albany, Syracuse, and Buffalo. Applicants will be examined in anatomy and physiology, medical nursing, nursing of children, obstetrical nursing, genito-urinary nursing (for males only), materia medica, bacteriology, surgery, diet cooking, and practical procedures. Applications should be addressed early to George M. Wiley, State Department of Education, Albany, N. Y. Miss Hitchcock, the secretary of the Board of Examiners, is in her new office at the Central Club, 132 East 45th Street, New York City, from 10 to 12, mornings, where she is always glad to see nurses and talk with them upon any phase of registration. **New York.**—**THE CENTRAL CLUB FOR NURSES** reports the following activities: Stereopticon lecture, *Unspoiled Africa*, Agnes Ward; an evening of sacred songs; an informal dance to which the sailors of the Brooklyn Navy Yard were invited; a dance on St. Valentine's Day for the benefit of the Military Relief Department of the Club; a daily ten-

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minute prayer service, weekly vesper service on Sundays and a weekly Bible Study Class. THE PUBLIC HEALTH COMMITTEE OF THE COUNTY MEDICAL SOCIETY has confined its lectures this season to topics bearing upon war conditions. The following subjects have been presented: Physique in the American Soldier, Dr. Victor C. Pederson, Medical Advisor to the Adjutant General; Physical Training in Public Schools as an Aid and Remedy, Dr. Thomas A. Storey, Professor of Hygiene in New York City College; What the War Department is doing for the Families of Enlisted Men, Major Phillip McCook, Director of the Draft; Red Cross Work to Supplement Government Aid, Mrs. John M. Glenn, of the Home Service Station of the American Red Cross; Foods and their Best Values for Health, Dr. Mary Dunning Rose; Reliable Food Substitutes for Every Day Use, Dr. Edward I. Kellogg; Work Among the Blinded Soldiers Abroad and the Method of Solution of Our War Blind Problem, W. I. Scanlan, Field Agent for the Association for the Blind; Women, Work and the War, Dr. Alice Tallant and Dr. Mary Crawford; Surgical Making Over in War and Industries, Major Fred H. Alber, of U. S. General Hospital No. 3. THE POST-GRADUATE HOSPITAL ALUMNAE ASSOCIATION recently elected the following officers: President, Charlotte Ehrlicher; vice presidents, Anna M. Charlton, M. Agnes Gibney, Helen Hanson and Gladys T. Fackner; secretary, Elsie B. Heath; treasurer, Sarah Eissing; members of the Executive Board, Caroline N. Vail, Elsie B. Heath. **Brooklyn.**—THE BROOKLYN HOSPITAL ALUMNAE ASSOCIATION at its annual meeting elected the following officers: President, Mary A. Burt; vice presidents, Mrs. A. D. Smith, Mrs. N. Rathbun; recording secretary, Mrs. G. A. Selby; corresponding secretary, Mrs. A. de Zouche; treasurer, Mary E. Holt. The Association is to publish a quarterly magazine. It is planning to close its Club House at 170 and 172 Lafayette Avenue on May 1, when it will enter its new quarters at 91 Lafayette Avenue, where thirty nurses can be accommodated. **Troy.**—THE HUDSON VALLEY LEAGUE OF NURSING EDUCATION held a meeting at the Samaritan Hospital, on March 9. The preparatory course of instruction for college graduates, which is being contemplated at Vassar College this summer, was referred to. The new state curriculum which is about to be presented to the State Department for approval, the amendment to the Nurses' Practice Act bill, and various other matters in regard to conservation of food and supplies, were brought up for discussion. **Buffalo.**—THE SENIOR CLASS OF THE BUFFALO HOSPITAL OF THE SISTERS OF CHARITY has greatly appreciated a course of lectures on Public Health Nursing given by Margaret Wheeler.

North Carolina: Asheville.—THE ASHEVILLE NURSES' ASSOCIATION, in appreciation of her long period of work in the interests of the profession, in the city and state, presented to Mary Rose Batterham a handsome silver cake dish. Miss Batterham was one of the pioneer nurses in the state, having been graduated from the Brooklyn Hospital, Brooklyn, N. Y., twenty-five years ago; she is still in active service.

North Dakota.—THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examinations for the registration of nurses, in Grand Forks, May 2 and 3. Applications must be in the hands of the secretary, M. Clark, R.N., Devils Lake, North Dakota, at least twenty days prior to the date of examination.

Ohio: Cleveland.—THE CLEVELAND LEAGUE OF NURSING EDUCATION held its regular monthly meeting at Glenville Hospital, February 14. Blanche Swainhart gave a very interesting outline of the work that is being done.

Pennsylvania: Philadelphia.—THE NURSES' CLUB OF PHILADELPHIA COUNTY is now closing the first year in its new home at 121 North 20th Street. The house

is pleasantly located, is easy of access and very comfortably accommodates about seventeen nurses, who are permanently lodged there. During the year the Club has had as its guests over fifty transients. HOWARD HOSPITAL ALUMNAE ASSOCIATION at its regular monthly meeting at the hospital, February 5, considered the revision of the constitution and by-laws. A committee was appointed to confer with the superintendent in regard to securing better accommodations in the nurses' home for special nurses. Pittsburgh.—ST. JOHN'S GENERAL HOSPITAL ALUMNAE ASSOCIATION discussed at its meeting on January 9 the lecture given at a previous meeting by the Interstate Secretary, Adda Eldredge. South Bethlehem.—THE COMMITTEE ON NURSING SERVICE of the Bethlehem branch of the American Red Cross held a mass meeting for nurses on February 21, at which nurses from the neighboring towns were well represented. Susan C. Francis, Director of the Pennsylvania Division of the Red Cross, outlined the preparation necessary to become a Red Cross nurse, showing that only trained and experienced nurses were fitted for the arduous work in the camps, the cantonments, and at the battle front. Colonel C. P. Franklin also spoke on Army Nursing. BESSIE ELY, class of 1914, St. Luke's Hospital, has accepted the position of assistant to the Chief Surgeon at that hospital. MABEL VAN KIRK will succeed Miss Ely as operating room nurse. CATHERINE WEIDAW, class of 1917, has succeeded Miss Hagen as night supervisor.

Rhode Island.—THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State Capitol, Providence, May 15 and 16. For information and application blanks, address Lucy C. Ayres, R.N., Secretary-treasurer, Woonsocket Hospital, Woonsocket, R. I. THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES at its annual meeting on March 6 elected the following officers: President, Mrs. Harriott P. Churchill, vice presidents, Lucy C. Ayres, Elizabeth F. Sherman; recording secretary, Abby E. Johnson; corresponding secretary, Alida Young; treasurer, Lottie E. Beckwith; directors for two years, Carrie P. Van de Water, Katherine A. O'Brien. In the absence of the president, Miss Ayres presented the matter of the threatened attack on the State Registration Law. She asked that all the members do their utmost to defeat the proposed amendment which, if carried, would wipe the law completely out of existence. The revised constitution and by-laws were adopted. Dr. Norman D. Baker, of the Rhode Island Hospital Staff, presented the question of the Third Liberty Loan, in which he asked all nurses to cooperate. Providence.—THE ALUMNAE ASSOCIATION AND THE NURSES' CLUB of Rhode Island Hospital held a joint meeting at the Nurses' Home, on February 26. Professor Theodore Collier of Brown University gave a lecture on Why is America at War, this being first in a series of three on the world war.

West Virginia: Huntington.—MRS. FLORENCE MCCLELLAND, formerly of Louisville, Ky., has taken charge of Guthrie Hospital.

BIRTHS

In December, at Butte, Mont., a daughter, to Mr. and Mrs. Harvey Pings. Mrs. Pings was Jennie Day, class of 1912, County Hospital, Denver, Colo.

In January, at Vera Cruz, Mexico, a daughter, to Dr. and Mrs. A. J. Hoskins. Mrs. Hoskins was Mae Walton, class of 1912, County Hospital, Denver, Colo.

Recently, at Dike, Saskatchewan, Canada, a daughter, to Mr. and Mrs. H. I. Lloyd. Mrs. Lloyd was Jane Shirley, Iowa Methodist Hospital, Des Moines.

Recently, a daughter, to Mr. and Mrs. William Evans. Mrs. Evans was Elsie Poole, Graham Hospital, Keokuk, Iowa.

On March 5, a son, Paul Edward, to Mr. and Mrs. Edward Livingston. Mrs. Livingston was Nellie Callahan, class of 1913, Long Island Hospital, Brooklyn, N. Y.

On February 3, a son, to Mr. and Mrs. C. O. Evans. Mrs. Evans was Friscilla S. Page.

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MARRIAGES

On December 22, Ola Capron Gypson, class of 1915, Broad Street Hospital, Oneida, N. Y., to Lee Sinclair Preston, M.D. Dr. and Mrs. Preston will live in Oneida.

On February 2, at Champaign, Ill., Charlotte Grady, class of 1914, Mercy Hospital, Chicago, to Ross S. Marsden of U. S. S. M. A. Mr. and Mrs. Marsden will live in Galena.

On February 10, at Harriman, N. Y., Constance C. Guffin, class of 1912, Cumberland Street Hospital, Brooklyn, to Peter F. Hagan. Mr. and Mrs. Hagan will live in Brooklyn.

On September 27, in Salt Lake City, Utah, Virginia Maslin, class of 1912, Mercy Hospital, Baltimore, to Captain W. L. Gibson of the 15th Cavalry, U. S. A. Captain and Mrs. Gibson are at present in Douglas, Arizona.

On December 19, at Trenton, N. J., Mary Helen De Cou, graduate of McKinley Hospital, Trenton, to Benjamin E. Farr. Professor and Mrs. Farr will live in Bordentown, N. J.

On December 16, at East Orange, N. J., Phoebe Bainbridge, graduate of McKinley Hospital, Trenton, to Elston Bergen, M.D. Dr. and Mrs. Bergen will live in Princeton.

In December, at Denver, Colo., Olga Norby, class of 1913, County Hospital, Denver, to William D. James, M.D.

On December 6, Angela Coonon, class of 1917, Hackensack Hospital, Hackensack, N. J., to Ralph Gilady, M.D. Dr. and Mrs. Gilady will live in Hackensack.

On February 6, Estelle Coonon, class of 1914, Hackensack Hospital, Hackensack, N. J., to Stephen O'Neil.

On January 20, at Fort Bliss, Texas, Florence Holm, Illinois Training School, to Patrick Kelly, U. S. A. Lieutenant and Mrs. Kelly will live in Marsia, Texas.

On January 8, at Rochester, N. Y., Josephine S. La Force, class of 1915, St. Mary's Hospital, Rochester, to Thomas H. Kavanaugh. Mr. and Mrs. Kavanaugh will live in Rochester.

On February 27, at the Chicago Nurses' Club, Elizabeth Reifurth, class of 1917, St. Luke's Hospital, to Frank Fitzgibbon, assistant superintendent of the hospital.

In January, R. Margaret Ebrat, class of 1915, Rockford Hospital, Rockford, Ill., to Clarence E. Jamison.

On March 1, Ruth H. Eagle, class of 1916, St. Luke's Hospital, South Bethlehem, Pa., to George H. Melvin. Mr. Melvin is now stationed at the Allentown Ambulance Camp.

On March 4, in Fall River, Mass., Annie L. Dickinson, class of 1909, Rhode Island Hospital, to George P. Scholes, U. S. A. Captain and Mrs. Scholes will live in Baltimore, Md., where Captain Scholes is stationed at present.

Recently, Amelia Schroeder to P. E. Rogers, M.D. Mrs. Rogers was for some time assistant superintendent of the Aurora Hospital.

DEATHS

On March 9, Mary Decker, class of 1886, Orange Training School for Nurses, Orange, N. J. Miss Decker had confined her work to private duty nursing, in which field she had been a tower of strength.

On February 7, of heart trouble, Catherine F. Lowney, class of 1902, St. Joseph's Hospital, Providence. Miss Lowney was one of the earliest graduates of the hospital. For a few years she did private nursing, but later accepted a position with the parochial schools of New Bedford, where she was serving until the time of her death. Miss Lowney was a woman who appreciated the dignity of service and who upheld the ideals of her profession.

At Fairview Sanitarium, Asheville, N. C., of tuberculosis, after an illness of eighteen months, Marie Ray. Miss Ray was a graduate of the class of 1916, Hotel Dieu Training School, New Orleans. She was the adopted daughter of Miss Agnes L. Daspit of New Orleans, who is well known in nursing circles, especially in the South.

AN APPRECIATION

In the passing of Mrs. John Crosby Brown, the nursing profession has lost a warm supporter and friend. When our profession was struggling for recognition, Mrs. Brown used her influence to forward our educational ideals and helped to give us standing in the community by opening her own home for the entertainment of the student nurses from the school of nursing with which Mr. Brown was identified.

In the early days when the usefulness of the nurse in Public Health was not recognized, Mr. and Mrs. Brown gave substantial support in supplying nurses for the Henry Street Settlement and other organizations, and for over thirty years, while at their country place, entertained a group of children and their mothers, thus bringing sunshine and joy into many a clouded life. Their thoughtfulness and liberality were further exemplified when they provided "The Brownery," a delightful home available for nurses convalescing from illness, and when, through large gifts from Mrs. Brown, they helped make possible the establishment of the Haven Country Club for professional women, at Nyack on the Hudson.

OFFICIAL DIRECTORY

Committee on Nursing of the General Medical Board of the Council of National Defense.—Chairman, M. Adelaide Nutting, R.N., Teachers College, New York City. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D. C.

The American Journal of Nursing Company.—President, Clara D. Noyes, R.N., The American Red Cross, Washington, D. C. Secretary, Minnie H. Ahrens, R.N., 915 Lakeside Place, Chicago, Ill. Editor and Business Manager, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—President, Annie W. Goodrich, R.N., care War Department, Washington, D. C. Secretary, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Interstate secretary, Adda Eldredge, R.N., 45 South Union Street, Rochester, N. Y. Annual convention to be held in Cleveland, Ohio, May 7-11, 1918. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elnora Thomson, R.N., 157 East Ohio Street, Chicago; Legislation, Chairman, Anna C. Jamme, R.N., State Board of Health, Sacramento, Calif.; Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich.

The National League of Nursing Education.—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. Treasurer, M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill. Annual meeting to be held in Cleveland, Ohio, May 7-11, 1918.

The National Organization for Public Health Nursing.—President, Mary Beard, R.N., 561 Massachusetts Avenue, Boston, Mass. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D. C. Annual meeting to be held in Cleveland, Ohio, May 7-11, 1918.

National Committee on Red Cross Nursing Service.—Chairman, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Dora E. Thompson, R.N., War Department, Room 704, Mills Building, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, M. Adelaide Nutting, R.N., Teachers College, New York City. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—Chairman, Elizabeth E. Golding, R. N., 132 East 45 Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham. Secretary, Bertha Thompson, R.N., T. C. I. Laboratory, Fairfield, Birmingham. President, examining board, Lemoyne Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham.

Arkansas.—President, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock. Corresponding secretary, Mary Cole, R.N., 1021 Palm Street, Little Rock. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock.

California.—President, Louise Groth, R.N., 1108 Grant Street, Santa Clara. Secretary, Mrs. J. H. Taylor, R.N., 126 Ramsell Street, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, R.N., State Board of Health, Sacramento.

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